

MATERIAL CONTAINED AT CIA HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/MATERIAL/VOLUME: Bustos - Videla C. 3.

INCLUSIVE DATES: 14 Feb 1950 - 16 JAN 1978

CUSTODIAL UNIT/LOCATION: Office of Personnel

ROOM: 5E 13

**DELETIONS, IF ANY:**

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

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(If Not Filled In)

REQUEST FOR PERSONNEL ACTION							DATE PREPARED			
							31 July 1973			
1. SERIAL NUMBER	2. NAME (Last-First-Middle)									
007667	Bustos-Videla, Chas.									
3. NATURE OF PERSONNEL ACTION							4. EFFECTIVE DATE REQUESTED			
Reassignment							MONTH	DAY	YEAR	
							03	03	73	
5. FUNDS							6. PAY AND NSCA			
X V TO V CP TO V							V TO C C TO C			
							7. PAY AND NSCA			
							42354525 0000			
8. ORGANIZATIONAL DESIGNATIONS							10. LOCATION OF OFFICIAL STATION			
DDO/WH Division FI Staff							Washington, D.C.			
11. POSITION TITLE							12. POSITION NUMBER			
OPS Officer							(13) 0640			
14. CLASSIFICATION SCHEDULE (G1, I.B., etc.)							15. OCCUPATIONAL SERIES			
GS							0136.01			
16. GRADE AND STEP							17. SALARY OR RATE			
13							18. 23642 ✓			
18. REMARKS										
Home Base: WH										
18A. SIGNATURE OF REGULATING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED	
H. L. Beutbold CTRI/Pers				31 Jul 73		R. L. Kersonae P-2-73				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY. CODE	21. OFFIC. CODING	22. STATION CODE	23. INTENRE CODE	24. MONTHS	25. DAY OF BIRTH	26. DATE OF GRACE	27. DATE OF LEI		
39	10	5100	WH	75013	1	1/12/21	MO. DA. YR.	MO. DA. YR.	MO. DA. YR.	
28. RTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA		33. SECURITY DATA		
MO. DA. YR.				CODE	DATA CODE	TYPE	MO. DA. YR.	EOD DATA	REQ NO	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE	38. CABLEX CATEGORY	39. MEDICAL/HEALTH INSURANCE		40. SOCIAL SECURITY NO		
CODE		MO. DA. YR.		MO. DA. YR.	CAB/RSV PROV/TMP	CODE	CODE	41. STATE TAX DATA		
0--NONE 1--3 PT 2--10 PT						WAVES	HEALTH INS CODE			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT		43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE		CODE		YOUTH EXECUTIVE SCOR	PRO TAX EXEMPTIONS	TOUCH EXECUTED	CODE	45. NO. STATE TAXP. CODE		
3--NO PREVIOUS SERVICE 1--NO EVER IN SERVICE 2--BREAK IN SERVICE (LESS THAN 3 YEARS) 3--BREAK IN SERVICE (MORE THAN 3 YEARS)				1--YES 2--NO		1--YES 2--NO				
46. POSITION CONTROL CERTIFICATION				47. O.P. APPROVAL				DATE APPROVED		
11/18/73		31 Jul 73		11/18/73				8.1.73		

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CLASSIFIED BY 01-0332

EX-2  
APR 84

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EYES ONLY

17 JAN 1973

MEMORANDUM FOR: Chairman, GS-13 Evaluation Board

SUBJECT : Recommendation for Promotion to GS-14  
Charlotte Bustos-Videla

1. It is recommended that Charlotte Bustos-Videla be promoted from GS-13 to GS-14.

2. The performance of this officer has been characterized for many years by all of her supervisors as consistently strong to outstanding. She has been able to establish herself as indispensable in each Headquarters Branch or Field Station assignment, usually functioning as the backbone of the unit to which assigned. Since return to Headquarters in September 1972 from her field assignment in Mexico, her performance has been entirely congruent with the thrust of the Field Station's enthusiasm over her ability, performance, attitude and growth potential. She is currently chief of the Cuban and CA Section of her branch, and has established once again her mastery over her assigned duties. She is the kind of sound, dependable, yet imaginative officer greatly appreciated by her supervisors. In short, she is a true professional who performs beyond her grade level.

3. In regard to her potential, she has served in the Agency since 1951, starting as a secretary/stenographer, and advancing brilliantly with each new challenge offered. She achieved professional status in 1953 and has spent the bulk of her time since then specializing in Latin American affairs, demonstrating total flexibility in assignments, a voracious appetite for work and a penchant for exceptionally precise and thorough production. A review of her career to date can lead to the conclusion that she has always risen successfully to each new professional challenge, and is still far from reaching her maximum capacities. While she has had little supervisory experience in the field, her supervisor was of the opinion that she is a "natural leader". This has been borne out in her performance in her current capacity as a Branch Section Chief, in which she has demonstrated exemplary supervisory ability. Notwithstanding her drive, aggressiveness and professional aplomb, she is a popular co-worker, is receptive to guidance and sensitive and responsive to the needs of her subordinates.

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EYES ONLY

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EYES ONLY

- 2 -

4. This employee has utilized her fluency in the Spanish language to maximum advantage in her work. Formal testing recently confirmed her high proficiency in that language. Coupled with a comprehensive training record and her invaluable experiences over a twenty year period, she has become particularly effective in Latin American operations and operational support, demonstrating excellence in each of several recognized specializations, including CI operations, functional support, reports and requirements, area support and varied covert action activities.

5. The officer's adaptability, high intelligence and mastery over her trade was of inestimable value to Mexico City Station, and over a five year period from 1967 to 1972, she functioned as the Station's internal troubleshooter. Her duties included the maintenance of

[redacted] target analysis, reports writing, operational support, handling of [redacted] agents, and special assignments as the Chief of Station's Executive Assistant.

6. The employee is occasionally called upon by the Office of Training to administer specialized training, and she was chosen recently to attend the Mid-Career Course ending in December 1972. Meanwhile, her absence from her new job is felt sorely by the Branch. It is expected that her current assignment will last about two years.

7. In summary, we have here an exceptional officer who has been performing at the level of a GS-14 for some years; it is now time to promote her to that grade commensurate with her performance and which she so justly deserves.

*Theodore G. Shackley*  
Theodore G. Shackley  
Chief  
Western Hemisphere Division

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EYES ONLY

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MEMORANDUM FOR: Chairman, QSI - Honor and Merit Awards Panel  
SUBJECT : Request for Quality Step Increase (HR 20-37)  
Mrs. Charlotte Bustos-Videla

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for Charlotte Bustos-Videla.
2. As noted in the attached fitness report, Subject's performance of her duties has been uniformly outstanding. In addition to her responsibilities in the Cuban section of the Mexico City Station, she has recently been made the executive assistant to the Chief of Station at Mexico City. In this job, she screens all incoming material for matters of interest to the Chief and Deputy Chief of Station. She also continues performing her past functions in the Cuban section for the Station.
3. Subject's present high quality of performance is typical of her performance since she entered the Agency in 1951. It is fully expected that this level of performance will be maintained.
4. Although the present Chief of Station was not the reviewing official on the attached fitness report, he has commented that he considered Subject an outstanding officer and has recommended that she be considered for a Quality Step Increase.

*William V. Broe*  
William V. Broe  
Chief  
Western Hemisphere Division

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EYES ONLY  
SECRET

16 MAR 1968

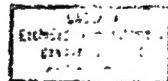
MEMORANDUM FOR: Secretary, CSCS Panel (Section A)

SUBJECT: Recommendation for Promotion to Grade GS-13  
Charlotte Z. Bustos-Videla

1. The promotion of Charlotte Z. Bustos-Videla from GS-12 to GS-13 is hereby recommended.
2. This exceptional officer has now been performing at a senior level for several years and, while recognition through a Quality Step Increase was granted her last year, her sustained performance clearly exceeding the requirements of a GS-13 qualifies her for a promotion at this time. Subject is one of the outstanding women who have demonstrated their capacity for even further advancement within the Agency and will probably continue to advance in the future. The present recommendation is based on already demonstrated ability to operate at a senior level.
3. Subject is 36 years old and has been in grade as a GS-12 for the past five and one-half years.

R. W. Walker  
Desmond Fitzgerald  
Chief,  
Western Hemisphere Division

EYES ONLY  
SECRET



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REQUEST FOR PERSONNEL ACTION								DATE PREPARED 30 August 1972			
1. SERIAL NUMBER <b>007667</b>		2. NAME (Last-First-Middle) <b>Bustosvidola, C/ Z.</b>									
3. NATURE OF PERSONNEL ACTION <b>Reassignment and Transfer to Vouchered Funds</b>				4. EFFECTIVE DATE REQUESTED MONTH    DAY    YEAR <b>09    17    72</b>			5. CATEGORY OF EMPLOYMENT <b>Regular</b>				
6. FUNDS <b>X</b>		V TO V	V TO CF	7. FINANCIAL ANALYSIS NO. <b>3235-0620</b>			8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>CCS WFB</b>				
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH Division Branch 1 CA Section</b>				10. LOCATION OF OFFICIAL STATION <b>Wash., D. C.</b>							
11. POSITION TITLE <b>Ops Officer</b> <b>(D-13)</b>				12. POSITION NUMBER <b>1294</b>			13. CAREER SERVICE DESIGNATION <b>D</b>				
14. CLASSIFICATION SCHEDULE (GS, LS, RS) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>13    7</b>			17. SALARY OR RATE <b>\$ 22,487</b>				
18. REMARKS  FROM: DDP/WH/BR 1/MEXICO CITY STATION/0418      *HOME BASE: WH  2 - Security 1 - Finance  Issue Army W-2 (Concur: CCS <i>C. Berthold</i> )      0418 25 SEP 1972  22 SEP 1972											
Security Approval Granted by Pers. SD/OS 05 Sept. 72											
E 2 IMPDET CL BY 007034											
18A. SIGNATURE OF APPROVING OFFICIAL <i>Henry L. Berthold, C/WH/Pers</i>				DATE SIGNED <i>8 Aug 72</i>		18B. SIGNATURE OF CANCELLED APPROVING OFFICIAL <i>Jan Kellermann</i>				DATE SIGNED <i>15 Dec 1972</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE SERVICE OF PERSONNEL											
19. ACTION CODE <b>162</b>	20. EMPLOYEE CODE <b>10</b>	21. OFFICE CODING <b>51300 WH</b>	22. STATION CODE <b>45013</b>	23. INTEREST CODE <b>0000</b>	24. ROOMS <b>1</b>	25. DATE OF BIRTH <b>01/12/72</b>	26. DATE OF GRADE <b>00/00/00</b>	27. DATE OF ID <b>00/00/00</b>	28. SECURITY <b>SD-SC</b>	29. SECURITY <b>SD-SC</b>	
30. RIF EXPRES  (MO. DA YR.)		31. RETIREMENT DATA  (MO. DA YR.)	32. SEPARATION DATA CODE  (MO. DA YR.)	33. CORRECTION/CANCELLATION DATA  (MO. DA YR.)	34. SECURITY <b>SD-SC</b>		35. SECURITY <b>SD-SC</b>		36. SECURITY <b>SD-SC</b>		
37. RET. PERIOD  CODE 1-1000 1-100 1-10		38. LAST FDP DATE  (MO. DA YR.)	39. LONG TERM DATE  (MO. DA YR.)	40. FAMILY CATEGORY  (MO. DA YR.)	41. SECURITY  CODE 1-1000 1-100 1-10	42. SECURITY  CODE 1-1000 1-100 1-10	43. SECURITY  CODE 1-1000 1-100 1-10	44. SECURITY  CODE 1-1000 1-100 1-10	45. SECURITY  CODE 1-1000 1-100 1-10		
46. PERIOD OF VETERAN'S SERVICE  CODE 1-1000 1-100 1-10		47. STATE/CTY CODE  (MO. DA YR.)	48. FEDERAL TAX DATA  (MO. DA YR.)	49. STATE TAX DATA  (MO. DA YR.)	50. LOCAL TAX DATA  (MO. DA YR.)	51. STATE TAX DATA  (MO. DA YR.)	52. LOCAL TAX DATA  (MO. DA YR.)	53. STATE TAX DATA  (MO. DA YR.)	54. LOCAL TAX DATA  (MO. DA YR.)		
55. POSITION CONTROL & CERTIFICATION  DATE APPROVED <i>10/10/72</i>											

1153 1947-1948

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23 SEP 1972

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18 DEC 1959

MEMORANDUM FOR: Charlotte Bustos-Videla  
THROUGH : Chief, WH Division  
SUBJECT : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Service.
2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

Thomas H. Karamessines  
Deputy Director for Plans

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12 DEC 1969

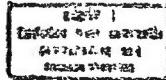
**MEMORANDUM FOR: Head, Clandestine Service  
Career Service**

**SUBJECT : Notification of Approval of  
Quality Step Increase -  
Charlotte Bustos-Videla**

1. I am pleased to send to you the attached official notification of the approval of a second Quality Step Increase to be awarded to this employee. The previous Quality Step Increase was effective March 1964.
2. May I again ask that you arrange an appropriate ceremony for the presentation of this Quality Step Increase which is in recognition of her continuing excellent performance.

*Robert S. Wattles*  
Robert S. Wattles  
Director of Personnel

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-2-

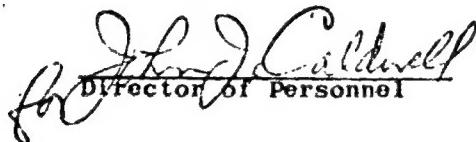
SUBJECT: Request for Quality Step Increase (HR 70-37)  
Mrs. Charlotte Bustos-Videla

APPROVAL RECOMMENDED:

  
Chairman, DDP/QSI Panel

  
Date

APPROVED:

  
for John D. Caldwell  
Director of Personnel

  
12 Dec 1969

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(If Area Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				17 OCTOBER 1968		
007667		BUSTOS-VIDELA, C. Z.						
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>						4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT	
						MONTH      DAY      YEAR	<b>REGULAR</b>	
						11      03      68		
6. FUNDS 						7. FINANCIAL ANALYSIS NO CHARGEABLE <b>9135 0990</b>	8. LEGAL AUTHORITY (Completed by Office of Personnel)	
8. ORGANIZATIONAL DESIGNATIONS  <b>DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION</b>						10. LOCATION OF OFFICIAL STATION  <b>MEXICO CITY, MEXICO</b>		
11. POSITION TITLE  <b>OPS OFFICER</b>						12. POSITION NUMBER  <b>(13)</b>	13. CAREER SERVICE DESIGNATION  <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS / TS, etc.)  <b>GS</b>			15. OCCUPATIONAL SERIES  <b>0136.01</b>	16. GRADE AND STEP  <b>13 4</b>	17. SALARY OR RATE  <b>\$ 158.19</b>			
18. REMARKS  <b>STAFF EMPLOYEE SPECIAL FROM: POSTION # 1528</b>								
19. SIGNATURE OF ACQUIRING OFFICER  <b>Henry L. Berthold C/WH/Personnel</b>				DATE SIGNED	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  <b>Ronald W. Miller</b>			DATE SIGNED  <b>25-6-68</b>
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
21. SECTION CODE	22. PAYROLL CODES NUMERIC	23. STATION CODE ALPHABETIC	24. INTEREST CODE	25. POSITS CODE	26. PAY RATE CODE 001-009	27. DATE OF HIRE MO. DA. YE.	28. DATE OF SEPARATION MO. DA. YE.	
37	10	51620	45095	3	50	001-009	001-009	
29. REF EXPENSES MO. DA. YE.	30. SPECIAL REFERENCE CODE	31. RETIREMENT DATA CODE	32. SEPARATION DATA CODE	33. CORRECTION/EXTERMINATION DATA TYPE	34. SECURITY REG. NO. REG. NO.	35. SECURITY REG. NO. REG. NO.		
30. PAY PREFERENCE CODE	31. SICK COMP. DATE MO. DA. YE.	32. LONG COMP. DATE MO. DA. YE.	33. CAREER CATEGORY CODE	34. HIGH HEALTH INSURANCE CODE	35. SOCIAL SECURITY NO.	36. STATE TAX DATA CODE		
37. REFUND CHECKS ENTITLED CODE	38. REFUND CAT CODE	39. REFUND TAX DATA CODE	40. STATE TAX DATA CODE	41. MEDICAL INSURANCE CODE	42. HIGH MEDICAL INSURANCE CODE	43. STATE TAX DATA CODE		
44. POSITION APPROVAL CERTIFICATION CODE	45. POSITION APPROVAL CERTIFICATION CODE	46. O.P. APPROVAL SIGNATURE	47. DATE APPROVED SIGNATURE	48. DATE APPROVED SIGNATURE	49. DATE APPROVED SIGNATURE	50. DATE APPROVED SIGNATURE		

Form 1132 GPO: 1964 EDITION

~~SECRET~~GSA GEN. REG. NO. 1  
GENERAL REGULATIONS  
APPROVED FOR RELEASE UNDER E.O. 13526

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(0 form filled in)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED		
						13 OCTOBER 1967		
1 SERIAL NUMBER	2 NAME (First - Middle)							
A07667	BUSTOS VIDELA, CHARLOTTE Z. 07-17-67							
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>						4 EFFECTIVE DATE REQUESTED	5 CATEGORY OF EMPLOYMENT	
						MONTH DAY YEAR 07 26 67	<b>REGULAR*</b>	
6 FUNDS		V TO V	V TO O	7 FINANCIAL ANALYSIS AND CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)		
		O TO V	X O TO O	8135 0990				
9 ORGANIZATIONAL DESIGNATIONS  DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION						10 LOCATION OF OFFICIAL STATION  MEXICO CITY, MEXICO		
11 POSITION TITLE  OPS OFFICER						12 POSITION NUMBER  1528	13 CAREER SERVICE DESIGNATION  D	
14 CLASSIFICATION SCHEDULE (GS, F.R., PH.)  GS			15 OCCUPATIONAL SERIES  0136.01	16 GRADE AND STEP  XX 13 3		17 SALARY OR RATE  \$ 13,769		
18 REMARKS  OPS OFFICER OCCUPYING INTEL ANALYST.  * STAFF EMPLOYEE XRS SPECIAL.  EN CONCUR:  <i>William K. Stange</i> CCS								
18A SIGNATURE OF PERSONNEL OFFICER Henry L. Berthold C/WH/Personnel			DATE SIGNED 17 Oct 67	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul M. U. Levy			DATE SIGNED 17 Oct 67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC	22 STATION CODE ALPHABETIC	23 INTEGRITY CODE	24 AGENTS CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
51	51	51/21	51	51	3	MO DA YR	MO DA YR	MO DA YR
28 RETIREMENT MO. DA. YE.	29 SPECIAL REFERENCE CODE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	32 CANCELLATION/CLOSE TYPE	33 SECURITY SIG. NO.	34 SEC		
					EOD DATA			
35 PAY PREFERENCE CODE	36 SERV COMP DATE MO DA YE	37 LONG COMP DATE MO DA YE	38 CAREER CATEGORY CAR RES PROV TEMP	39 MEDICAL DISABILITY CODE	40 MEDICAL DISABILITY CODE	41 MEDICAL DISABILITY CODE	42 STATE TAX DATA CODE	43 SOCIAL SECURITY NO
0-1000 1-100 2-100	MO DA YE	MO DA YE	CAR RES PROV TEMP	CODE	CODE	CODE	CODE	
44 PREVIOUS CITIZEN GOVERNMENT SERVICE CODE	45 LEAVE CAT CODE	46 FORM 104 DATA FORM SUBMITTED CODE	47 FORM 104 DATA FORM SUBMITTED CODE	48 STATE TAX DATA CODE	49 MEDICAL DISABILITY CODE	50 MEDICAL DISABILITY CODE	51 MEDICAL DISABILITY CODE	52 SOCIAL SECURITY NO
0-1000 1-100 2-100 3-100 4-100 5-100 6-100 7-100 8-100 9-100		1-100 2-100	1-100 2-100	1-100 2-100	1-100 2-100	1-100 2-100	1-100 2-100	
53 PREVIOUS CONTRACT CERTIFICATION CODE			54 O.P. APPROVED CODE		55 DATE APPROVED 10/13/67			

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28 June 1967

MEMORANDUM FOR: Central Cover Group  
SUBJECT : Cover for Charlotte Z. Bustos-Videla

1. Mrs. Charlotte Z. Bustos-Videla is being transferred  
POC to Mexico City in staff capacity. She will fill slot  
1523.

2. Mrs. Bustos-Videla is traveling under Travel Order  
No. 39-68. (See copy attached)  

  Mexico City. Limited  
household effects will be sent, the remaining items (also  
limited) will be stored at Government expense.

~~SECRET~~

Robert D. Cushman  
Chief, W Personnel

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### (See also *Religious Books*)

REQUEST FOR PERSONNEL ACTION							DATE PREPARED 10 JULY 1967	
1. SERIAL NUMBER <b>007667</b>	2. NAME (Last-First-Middle) <b>BUSTOS VIDELA, CHARLOTTE Z.</b>							
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS</b>				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT		
6. FUNDS		V TO V CP TO V	XXX	V TO C CP TO C	MONTH <b>07</b>	DAY <b>16</b>	YEAR <b>67</b>	<b>REGULAR</b>
7. FINANCIAL ANALYSIS NO. CHARGEABLE <b>8135 0990</b>				8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS  <b>DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION</b>				10. LOCATION OF OFFICIAL STATION  <b>MEXICO CITY, MEXICO</b>				
11. POSITION TITLE  <b>OPS OFFICER</b>				12. POSITION NUMBER  <b>(11) 1528</b>		13. CAREER SERVICE DESIGNATION  <b>D</b>		
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)  <b>GS</b>		15. OCCUPATIONAL SERIES  <b>0136.01</b>		16. GRADE AND STEP  <b>13 3</b>		17. SALARY OR RATE  <b>\$ 13,769</b>		
18. REMARKS  <b>* OPS OFFICER occupying Intel Analyst position. FROM: DDP/WH/1/Pos. No. 1201 PRA IN ACCORDANCE WITH HR20-17d(b), NOT TO EXCEED TWO YEARS.</b>								
18A. SIGNATURE OF APPROVING OFFICER  <b>Finance C7 MIL Personnel Robert D. Cashman</b>				18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  <b>Paul M. Gable</b>		18C. DATE SIGNED  <b>10 July 67</b>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE <b>20</b>	20. EMPLOYEE CODE <b>10</b>	21. OFFICE CODING NUMBER <b>51626</b>	22. STATION CODE ALPHABETIC <b>WIL 45075</b>	23. INITIATE CODE <b>3</b>	24. HOURS CODE MO. DA. YR <b>3 01 12 29</b>	25. BASIC PAY DATA MO. DA. YR <b>3 01 12 29</b>	26. DATE OF GRADE MO. DA. YR <b>3 01 12 29</b>	27. DATE OF LES MO. DA. YR <b>3 01 12 29</b>
20. RETIREMENT MO. DA. YR <b>07 15 69</b>	20. SPECIAL REFERENCE <b>.82</b>	20. RETIREMENT DATA REFERENCE <b>1-EKA 3-FKA 5-BOK</b>	21. SEPARATION CODE <b>C064</b>	22. SEPARATION DATA CODE <b>PPS</b>	23. CORRECTION/CANCELATION DATA MO. DA. YR <b>3 01 12 29</b>	24. SECURITY MO. DA. <b>3 01 67</b>	25. SECURITY MO. DA. <b>3 01 67</b>	26. SECURITY MO. DA. <b>3 01 67</b>
27. PAY PREFERENCE CODE <b>3-DOPE 1-TES 2-TR</b>	28. SERV. COMP. DATE MO. DA. YR <b>3 01 67</b>	29. LONG. COMP. DATE MO. DA. YR <b>3 01 67</b>	30. CAREER CATEGORY CODE <b>LAD PESV PROV. TEMP</b>	31. FEES/HEALTH INSURANCE CODE <b>8-WAVES 1-TR</b>	32. FEES/HEALTH INSURANCE CODE <b>8-WAVES 1-TR</b>	33. STATE TAX DATA CODE <b>1-TR 2-TR</b>	34. STATE TAX DATA CODE <b>1-TR 2-TR</b>	35. SOCIAL SECURITY NO <b>123-45-6789</b>
36. OPE-CUS CIVILIAN GOVERNMENT SERVICE CODE <b>3-DOPE 1-TES 2-TR 3-TR</b>	37. LEAVE DATA CODE <b>4500</b>	38. FEDERAL TAX DATA CODE <b>1-TES 2-TR</b>	39. FEDERAL TAX DATA CODE <b>1-TES 2-TR</b>	40. STATE TAX DATA CODE <b>1-TR 2-TR</b>	41. STATE TAX DATA CODE <b>1-TR 2-TR</b>	42. STATE TAX DATA CODE <b>1-TR 2-TR</b>	43. STATE TAX DATA CODE <b>1-TR 2-TR</b>	44. STATE TAX DATA CODE <b>1-TR 2-TR</b>
45. POSITION CONTROL CERTIFICATION  <b>07-1467L</b>	46. O.P. APPROVAL  <b>H. J. May,</b>	47. DATE APPROVED  <b>10-16-67</b>						

*(Do not fill in)*  
*SECRET*

REQUEST FOR PERSONNEL ACTION								DATE PREPARED			
1. SERIAL NUMBER 007667 ✓		2. NAME (Last-First-Middle) BUSTOSVIDELA, C.Z. ✓						19 OCTOBER 1966			
3. NATURE OF PERSONNEL ACTION <b>PROMOTION</b>								4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 23 66	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>		
6. FUNDS ►		V TO V CP TO V	V TO CP CP TO CP	7. FINANCIAL ANALYSIS NO. CHARGEABLE 7235 0620			8. LEGAL AUTHORITY (Completed by Office of Personnel)				
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH BRANCH 1 FI SECTION</b>								10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>			
11. POSITION TITLE <b>OPS OFFICER (13)</b>								12. POSITION NUMBER 1201	13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (G.S., L.B., etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 3		17. SALARY OR RATE \$ 13,769 ✓					
18. REMARKS FROM: GS-12/6 (\$12,822)											
19. SIGNATURE OF REQUESTING OFFICIAL Robert D. Cashman C/WH/PERS				DATE SIGNED 21 Oct 66		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER John P. Brown				DATE SIGNED 10/21/66	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE CODE ✓	20. EMPLOYEE CODE NUMERIC ALPHABETIC 22. 10 51800 C074 75613	21. OFFICE CODING CODE	22. STATION CODE	23. INTRIGUE CODE	24. HOURS CODE CODE	25. DATE OF BIRTH MO. DA. YR. 10 01 1929	26. DATE OF GRADE MO. DA. YR. 10 23 66	27. DATE OF LES MO. DA. YR. 10 03 66			
27. BII EXPIRES MO. DA. YR 10 10 68	28. SPECIAL REFERENCE 1-INC 2-FICA 3-NONE	29. RETIREMENT DATA CODE	30. SEPARATION DATA CODE TYPE	31. CORRECTION/CANCELLATION DATA TYPE	32. EOD DATA EOD DATA	33. SECURITY REG RD REG RD	34. SEA				
35. VET PREFERENCE CODE 0-0001 1-0001 2-1001	36. SERV. LOMP. DATE MO. DA. YR 10. 01. 68	37. LONG. LOMP. DATE MO. DA. YR 10. 01. 68	38. CAREER CATEGORY CODE	39. FED. HEALTH INSURANCE CODE 0-WAIVER 1-YES	40. SOCIAL SECURITY NO CODE						
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PRIOR SERVICE 1-BEFORE 1946 2-BEFORE 1950 (LESS THAN 3 YEARS) 3-BEFORE 1950 (MORE THAN 3 YEARS)	42. LEAVE CAT CODE	43. PRINCIPAL TAX DATA CODE 1-105 2-80	44. STATE TAX DATA CODE 1-105 2-80 3-105 4-105								
45. POSITION CONTROL CERTIFICATION 10-21-66 N				46. O.P. APPROVAL Signature	DATE APPROVED 10-21-66						

1 SEP 1966

MEMORANDUM FOR: CSPS/A

SUBJECT : Recommendation for Promotion of  
Charlotte Bustos-Videla

1. The promotion recommendation to GS-13 of Mrs. Charlotte Bustos-Videla is hereby submitted. Mrs. Bustos-Videla entered the Agency in August 1951 as a GS-5 and rapidly and deservedly rose to a GS-12 by 1959. She has now been almost seven years in grade and has been recommended for promotion to the CSPS/A by WH Division five times previously.

2. This outstanding officer has continued to perform at the exceptional level which has by now become her standard of performance. Her past four annual Fitness Reports have each given her an overall rating of outstanding. In this connection it is noteworthy that no two Fitness Reports were written by the same rating officer. She continues to occupy a GS-12 officer slot and her performance clearly continues to exceed the requirements for that position. She is considered to be one of the outstanding women who have demonstrated their capacity for further advancement within the Agency.

3. Mrs. Bustos-Videla not only continues to bring continuity to the Mexican Branch through her long experience on Mexican affairs, but consistently contributes to the smooth functioning of the Branch through her highly efficient organizational capabilities. She has been called upon to handle all manner of difficult desk problems. She invariably responds quickly, cheerfully, and effectively. She has been instrumental in on-the-job training of a number of officers, both for desk assignments and in preparation for field assignments. She has excellent rapport with innumerable persons in other areas and staffs, thus adding to the efficiency and speed with which she accomplishes her daily tasks. Her promotion at this time is urged.

*William V. Broe*  
William V. Broe  
Chief,  
Western Hemisphere Division

Approved by CS Director
John F. Kennedy
13 SEP 66

~~SECRET~~  
(When Filled In)

11 August 1966

MEMORANDUM FOR: Charlott Z. Boston-Vilela

THROUGH : Head of G3 Career Service

SUBJECT : Notification of Non-eligibility for Designation as a Participant in the CIA Retirement and Disability System

1. As you may know, we are in the process of reviewing the employment history and current career field of all employees in the Agency to identify those who are eligible for designation as a participant in the new CIA Retirement and Disability System. In this process, the initial review of each case is made by the individual's Career Service. If the Head of his Career Service nominates him for participation in the System, this nomination is reviewed by the CIA Retirement Board which recommends final action to me. However, if the Head of the Career Service advises that the employee does not meet the basic requirements of HR 20-50 for participation, I have accepted this finding without further review by the CIA Retirement Board. This practice has been adopted in the interest of expediting this screening process so that those employees who are eligible to participate in the System may be designated participants as soon as possible.

2. In your case, the Head of your Career Service has advised me that you do not meet the requirements of HR 20-50 for designation as a participant and I have accordingly made the formal determination required by the regulation that you are not eligible for designation. From a review of your record it appears that the decision of your Career Service was based upon the fact that you do not have sufficient time prior to completing 15 years of service with the Agency in which you could complete a minimum of 60 months of qualifying service as required by regulation. My determination that you are not eligible at this time for designation in no way affects your current status under the Civil Service Retirement System, nor does it preclude reconsideration of your eligibility to participate in the CIA System if you should meet the requirements for designation in the future.

3. Should you desire further information concerning the requirements for designation as a participant in the CIA Retirement System, I suggest that you read paragraph 6 of HR 20-50 and paragraph 5 of the Employee Bulletin dated 30 July 1965, entitled "Public Law 88-643, The Central Intelligence Agency Retirement Act of 1964 for Certain Employees."

4. It is always possible that the records upon which the determination made in your case may have been incomplete or inaccurate regarding your actual employment history with the Agency. If, after studying the materials cited above, you have questions regarding the determination that you are not eligible to participate in the CIA Retirement System, please feel free to contact officials of your Career Service. They are familiar with the details of your case and will gladly discuss them with you. In addition, you may wish to discuss your case with the CIA Retirement Staff located in Room 205, Magazine Building (extension 2847). If such discussions do not resolve any questions you have regarding your eligibility, you may request that your case be formally considered by the CIA Retirement Board. However, this request must be made within 30 days of the date of this memorandum.

  
E. C. Nichols  
Director of Personnel

~~SECRET~~

~~EX-10 COPY~~

1 MAR 1966

MEMORANDUM FOR: - Secretary, CS/CS Panel (Section A)

SUBJECT : Recommendation for Promotion to  
Grade GS-13, Charlotte Z. Bustos-Videla

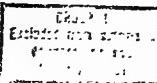
1. The promotion request from GS-12 to GS-13 on  
Mrs. Bustos-Videla is hereby submitted.

2. This outstanding officer has continued to  
perform at the exceptional level which has by now  
become for her a standard of performance. She now  
formally occupies a senior (GS-13) FI Officer slot in  
the Mexican Branch and her performance clearly continues  
to exceed the requirement for that position. She is  
still considered to be one of the outstanding women who  
have demonstrated their capacity for further advancement  
within the Agency, independently, of the experience on  
Mexican affairs acquired through continuity in her  
present assignment.

3. The comments made in connection with the four  
previous promotion recommendations continue to be  
entirely applicable.

4. Subject is 37 years old and has been in grade  
as a GS-12 for the past six years.

*William V. Broe*  
William V. Broe  
Chief,  
Western Hemisphere Division



~~EX-10 COPY~~

Urgent  
~~SECRET~~

9 SEP 1965

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)  
SUBJECT : Recommendation for Promotion to  
Grade GS-13, Charlotte Z. Bustos-Videla

1. The promotion request from GS-12 to GS-13 on  
Mrs. Bustos-Videla is hereby resubmitted.

2. This outstanding officer has continued to  
perform at the exceptional level which has by now  
become for her a standard of performance. She now  
formally occupies a senior (GS-13) FI Officer slot in  
the Mexican Branch and her performance clearly continues  
to exceed the requirement for that position. She is  
still considered to be one of the outstanding women who  
have demonstrated their capacity for further advancement  
within the Agency, independently of the expertise on  
Mexican affairs acquired through continuity in her  
present assignment.

3. The comments made in connection with the  
three previous promotion recommendations continue to  
be entirely applicable.

4. Subject is 36 years old and has been in grade  
as a GS-12 for the past six years.

by *Wm. V. Broe*  
William V. Broe  
Chief,  
Western Hemisphere Division

*wx*  
*Special*  
*SK*

SECRET

(10) Are filled in)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER	3. NAME (Last-First-Middle)					28 JULY 1965	
007667	BUSTOS-VIDELA, CIRCE					Z.	
2. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE REQUESTED	
REASSIGNMENT						MONTH DAY YEAR AUG 1 65	5. CATEGORY OF EMPLOYMENT
6. RANKS	XX	V TO V	V TO O			7. COST CENTER NO CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)
		OF TO V	OF TO O			6235 0620	
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION	
DDP/WH BRANCH 1 MEXICO SECTION 1st Section						WASHINGTON, D.C.	
11. POSITION TITLE						12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER (13)						1201	D
14. CLASSIFICATION SCHEDULE (G.S., F.R., etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP	17. SALARY OR RATE
GS			0136.01			12 45	\$ 11,815 11670
18. PERMITS							
FROM: DDP/WH/MEXICO SECTION/1202/							
MRS. BUSTOS-VIDELA WILL REPLACE MR. RICHARD SCUTT WHO WILL BE REASSIGNED TO DDP/EE. TO BE EFFECTIVE 1 AUGUST 1965							
<p style="text-align: center;">BUSTOS-VIDELA 1965</p>							
1-Security 2-Finance							
18. SIGNATURE OF APPROVING OFFICER			DATE SIGNED			168. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
ROBERT D. CASHMAN			7/26/65			CASHMAN	
C/BU/PERS							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACT/IN-EMPLOYEE CODE	20. OFFICE CODE	21. STATION CODE	22. INTEGRATE CODE	23. PONTERS CODE	24. DATE OF BIRTH	25. DATE OF GRADE	26. DATE OF LEI
2/1/10	51200	U-1L	12012	1	21 12 29	MO. DA. YE	MO. DA. YE
27. ACT/IN-EMPLOYEE	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA CODE	31. CORRECTION/CANCELLATION DATA TYPE	32. MO. DA. YE	33. SECURITY REQ RD	34. SEX
35. PAY DIFFERENCE	36. PAY COMP DATE	37. CONS COMP DATE	38. CAREER CATEGORY	39. FEIGN, HEALTH INSURANCE	40. SOCIAL SECURITY NO		
CODE 1-1 MORE 1-1 PT 1-11 PT	MO. DA. YE	MO. DA. YE	LAW 1964 PROV 1960	CODE 6-WHNS 1-TS	HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA	
CODE 1-10 PREVIOUS SERVICE 2-10 YEARS IN SERVICE 3-10 YEARS IN SERVICE (LESS THAN 10 YEARS) 4-10 YEARS IN SERVICE (MORE THAN 10 YEARS)					FORM EXECUTED CODE 1-IRS 2-DO	1ST TAX EXEMPTIONS FORM EXECUTED CODE 1-HS 2-AC	2ND TAX EXEMPTIONS STATE CODE
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL		DATE APPROVED	
2/10/65 106						7/26/65	
14. FORM 1132 - USE PREVIOUS EDITION							
SECRET							
INCLUDES FORM 1132, 1132-A, 1132-B, 1132-C, 1132-D, 1132-E, 1132-F							

14 00000  
4 SEP 1964

MEMORANDUM FOR: Secretary, CSCS (Panel A)  
SUBJECT : Recommendation for Promotion to GS-13  
Mrs. Charlotte Bustos-Videla.

1. The promotion to GS-13 of Mrs. Charlotte Bustos-Videla is recommended. Mrs. Bustos-Videla entered the Agency in August 1951 as a GS-5 and rapidly and deservedly rose to a GS-12 grade by 1959.

2. This recommendation is based on Mrs. Bustos-Videla's performance during the past three years as the senior assistant to the various chiefs of the Mexican desk/branch, who unanimously have found her to be extremely competent and reliable both in her routine assignments and special tasks occasionally levied on her, such as country studies, compilation of programs, requirement reviews, etc.

3. Mrs. Bustos-Videla has consistently responded with intelligence and clarity and has materially contributed to orderly imaginative administration of Headquarters support to a most active station. In the process, she has been instrumental in training on-the-job innumerable officers both for desk assignments and in preparation for field assignments.

4. For her outstanding performance she received a quality step increase in April 1964. This deserved recognition should now be followed up at this time by a promotion to the next grade in accordance with the consistently good performance at the GS-13 level over a prolonged period of time.

*Ray J. [Signature]*  
Desmond Fitzgerald  
Chief  
Western Hemisphere Division

CONFIDENTIAL

14 APR 1964

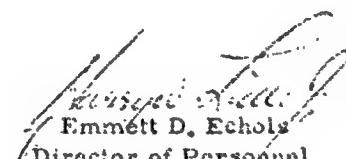
MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of Quality Step Increase -  
Mrs. Charlotte Bustos-Videla

1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. The salary increase accomplished by the award of a Quality Step Increase is important and tangible evidence of the esteem in which the employee so recognized is held. However, I believe the commendatory and incentive benefits of this award will be partially lost unless it is presented in an appropriate ceremony which will afford the individual recognition among co-workers and supervisory officials. Also, I believe such recognition serves to inspire other employees to aspire to earning such recognition.

3. May I ask, therefore, that you arrange to have this Quality Step Increase presented at an appropriate ceremony.

  
Emmett D. Echols  
Director of Personnel

Planned in  
a ceremony  
4/24/64

CONFIDENTIAL

**SECRET**

20 March 1964

MEMORANDUM FOR: DDP/OP

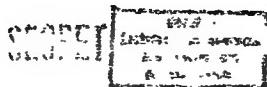
THROUGH : Chief, Clandestine Services Personnel Office  
 SUBJECT : Charlotte Z. Bustos-Videla -- Request for  
               Quality Step Increase

1. It is recommended that a Quality Step Increase for Mrs. Charlotte Z. Bustos-Videla be endorsed by you for the reasons presented in the attached memorandum prepared by the Chief, Western Hemisphere Division.

2. A review of Mrs. Bustos-Videla's official Personnel File strongly supports the statement of Colonel Kinn. Without exception, the performance of this officer during her entire career of agency employment has been identified by various and all supervisors as "Superior" and "Outstanding." Likewise, nothing in other records maintained by the Office of Personnel contradicts or modifies the impressive record made by Mrs. Bustos-Videla.

3. Testimony to the high regard which officials of WH Division view this officer's work is furnished by noting that Mrs. Bustos-Videla is the first female officer to be proposed for a QSI by WH and one of a total of but three officers nominated by that Division for the award since the QSI provision of the Federal Salary Reform Act of 1962 became effective in CIA approximately fifteen months ago.

*John J. Gammie*  
 John J. Gammie  
 Director  
 Clandestine Services  
 Personnel Office



~~SECRET~~

8 March 1964

**MEMORANDUM FOR: Deputy Director of Plans**

**ATTENTION : DDP/OP**

**SUBJECT : Request for Quality Step Increase for  
Charlotte Bustos-Videla**

1. On the basis of the information presented below, it is recommended that a quality step increase be approved for Charlotte Bustos-Videla.

2. As stated in the accompanying Fitness Report, Subject's performance of her duties has been uniformly outstanding. In addition to her responsibilities as the desk officer for Mexico VI and Operational Support Projects, she carries a heavy burden in the areas of administration, preparation of special reports and training of personnel. She frequently represents the Mexico Section in dealings with other elements of the Agency and acts for the Chief of Section in his absence. Subject's performance clearly exceeds the normal requirements of the assignment and of her present GS grade level.

3. Subject's present high quality of performance typifies her performance over a period of several years and it is fully expected that this level will be maintained.

4. Consideration was given to the granting of a Merit Award but the quality step increase seems more appropriate in this case. Subject has been passed over for promotion in the past and due to limitations as to

-2-

area of assignment, it is unlikely that a promotion to grade GS-13 can be obtained. The salary increase is therefore thought to be the most fitting reward for her outstanding service.

J.C. King  
C. KING  
C/WHD

CONCUR:

DPP/OP

20 March 64

Date

APPROVED:

*B. S. D. M. V.*  
B. S. D. M. V.  
Director of Personnel

24 MAR 64

Date

SECRET

(When filled in)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 007667	2. NAME (Last-First-Middle) BUSTOSYIDELA, C. Z.			18 November 1962	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 163	5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS →	V TO V CP TO V	V TO CP CP TO CP	7. COST CENTER NO. CHARGEABLE 4235 1000 1000	8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO SECTION			10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 0321	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS 28		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 4	17. SALARY OR RATE \$10,420	
18. REMARKS FROM: DDP/WH/3/607/Mexico Sec/Hqs					
Recorded by CSPD <i>[Signature]</i>					
19. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> ROBERT D. CASTIMAN C. WH/PARS		DATE SIGNED 11/16/63	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL <i>[Signature]</i>		DATE SIGNED 11/16/63
STATE OF DELAWARE EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. POSITION NUMBER 37 16 51400	22. PAY LEVEL 16 H	23. PAY RATE 300/12	24. PAY RATE 16 H	25. PAY RATE 300/12	26. PAY RATE 16 H
27. DATE APPROVED 11/16/63	28. APPROVAL NUMBER 00000000000000000000	29. APPROVAL NUMBER 00000000000000000000	30. APPROVAL NUMBER 00000000000000000000	31. APPROVAL NUMBER 00000000000000000000	32. APPROVAL NUMBER 00000000000000000000
33. APPROVAL NUMBER 00000000000000000000	34. APPROVAL NUMBER 00000000000000000000	35. APPROVAL NUMBER 00000000000000000000	36. APPROVAL NUMBER 00000000000000000000	37. APPROVAL NUMBER 00000000000000000000	38. APPROVAL NUMBER 00000000000000000000
39. POSITION CONTROL DESCRIPTION 11-21-63 100	40. APPROVAL NUMBER 11-21-63 100				

SECRET

CSPD  
11-21-63 100

~~SECRET~~

15 March 1963

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)

SUBJECT: Recommendation for Promotion to Grade GS-13  
Mrs. Charlotte Bustos-Videla

1. Mrs. Charlotte Bustos-Videla entered on duty with WH Division in August of 1951. She has served on a variety of desks covering South American as well as Mexican and Central American affairs. In each of her assignments she has demonstrated exceptional competence and devotion to duty.
2. Since December 1957 Mrs. Bustos has been assigned to the Mexican Desk and at present is Acting Chief. She is the soul and motor of that desk, managing many of its operations and supervising its staff, many of whom she has trained. She is past mistress of administrative procedures and the ease with which she obtains clearances, maintains files and secures necessary approvals while handling the most complicated operational aspects of projects is phenomenal. Her work output is enormous and yet everything is done simply and modestly with a minimum of excess motion. She is an outstanding employee and should be deserving of recognition.
3. It is recommended that Mrs. Bustos be promoted to grade GS-13.

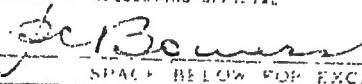
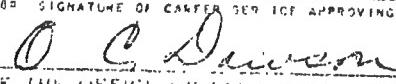
J. C. XERO  
Chief,  
Western Hemisphere Division

*Not Approved*  
*Jan C*

~~SECRET~~

~~SECRET~~

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER <b>107667</b>	2. NAME (Last-First-Middle) <b>BUSTOS-VIDELA, C. Z.</b>			1 June 1961	
3. NATURE OF PERSONNEL ACTION <b>NAME CHANGE FROM-CHARLOTTE L. ZEMUNO</b>			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>06 11 61</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS 	V TO V <b>CY TO CY</b>	V TO CF. <b>CF TO CY</b>	7. COST CENTER NO. CHARGEABLE <b>1235 1000 1000</b>	8. LEGAL AUTHORITY (Completed by Office of Personnel) <b>100-1000-1000</b>	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WH BRANCH 3 MEXICO SECTION</b>			10. LOCATION OF OFFICIAL STATION <b>WASH., D. C.</b>		
11. POSITION TITLE <b>OPS OFFICER</b>		12. POSITION NUMBER <b>D</b>	12A. PCR CONTROL NO. <b>BA-607</b>	13. CAREER SERVICE DESIGNATION <b>DI</b>	
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) <b>GS 12</b>	15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>12 4-2</b>	17. SALARY OR RATE <b>\$ 8955- 9210</b>		
18. REMARKS <b>By Marriage.</b>					
19A. SIGNATURE OF REQUESTING OFFICIAL 			19B. SIGNATURE OF CARTER SER ICE APPROVING OFFICER 		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION TO TAKE CSC	21. OFFICE COORD. NO. 1000	22. STATUS DATE	23. NSB DATE	24. MOVE DATE	25. DATE OF PAY
26. DATE OF PAY	27. DATE OF LEI				
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA END	32. CORRECTION/CANCELLATION DATA	33. STOCK EX REQ. NO.
34. RET. PREFERENCE	35. SER. COMM. DATA	36. MP. COMM. DATA	37. MP. COMM. DATA	38. MP. COMM. DATA	39. MP. COMM. DATA
40. APPROVE/AMENDMENT SERVICE DATA	41. APPROVE/AMENDMENT SERVICE DATA	42. APPROVE/AMENDMENT SERVICE DATA	43. APPROVE/AMENDMENT SERVICE DATA	44. APPROVE/AMENDMENT SERVICE DATA	45. APPROVE/AMENDMENT SERVICE DATA
46. POSITION CONTROL CERTIFICATION			47. O.P. APPROVAL		
					

~~SECRET~~

21 May 1961

MEMORANDUM FOR: WH/Personnel

SUBJECT: Change of Name

It is requested that all records in the Agency,  
including the section which issues payroll checks, be changed  
to reflect my married name: Charlotte Z. Bustos-Videla.  
This change is effective immediately.

*Charlotte Z. Bustos-Videla*  
Charlotte Z. Bustos-Videla  
SN/3/Mexico

~~SECRET~~

JULY 1971  
REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. V.M. Prof.	5. Sex	6. CS - EOD
107667	ZEHRUNG CHARLOTTE			Mo. Da. Yr.	Name-D. Code	M. F. 2	Mo. Da. Yr.
				01 12 29	5 PI-1 10 PI-2	0	00 27 51
7. SCD	8. CSC Retmt.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. Mil. Info.	
Mo. Da. Yr.	Yes - 1 No - 2	Code	Mo. Da. Yr.	Yes - 1 No - 2	Code	Mo. Da. Yr.	Yes - 1 No - 2
04 02 51	1			1		00 27 51	2
50 USCA 403 J							

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code
DDP WH BRANCH 111 MEXICO SECTION		4613	WASH., D. C.		75013
16. Dept. - Field	17. Position Title	18. Position No.		19. Serv.	20. Occup. Series
DoD	XXXXXX OPS OFCR	2000 BA-321		GS	0136.51
Usd.					
Frgn.	12				
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
11 8 4	7750	DI	Mo. Da. Yr.	Mo. Da. Yr.	0235-1000-1000
	6600 8529		04 110 155	04 106 158	0 0000 20

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
PROMOTION	30	Mo. Da. Yr.	REGULAR	01	
		16 11 31 59			

PRESENT ASSIGNMENT

31. Current Organizational Designations		Code	32. Location Of Official Station		Station Code
		4613			WH
33. Direct. Field	34. Position Title	35. Position No.		36. Serv.	37. Occup. Series
DoD	OPS OFCR	607 BA-321		GS	0136.01
Usd.					
Frgn.	9				
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
12 L	8330	DI	Mo. Da. Yr.	Mo. Da. Yr.	0235-1000-1000
	12 13 59		12 13 59	8 11 6	

SOURCE OF REQUEST

A. Requested By (Name And Title)	B. Request Approved By (Signature And title)
P. C. Bowers WH Personnel Officer	
C. For Additional Information Call (Name & Telephone Ext.)	
John Washington 8242	

CLEARANCES

Clerical	Signature	Date	Language	Signature	Date
A. Career Board	M. J. 16/1	11/2/71	D. Placement		
B. Pay Control	R. J. H. 12/11/59	E.			
C. Classification		F. Approved By			
Remarks					

~~SECRET~~

16 July 1959

*Priority: Dated 17*

MEMORANDUM FOR: Secretary, CS/CS Panel (Section B)

SUBJECT: Recommendation for Promotion -  
Miss Charlotte L. Zehrung

1. Miss Charlotte L. Zehrung entered on duty with CIA on 27 August 1951. She was assigned to the Mexican Section of WH Division, Branch III, in June 1957. During the past two years she has been the responsible Case Officer for several FI and CE Projects.

2. Miss Zehrung is a loyal and dedicated employee. She has displayed considerable initiative and has been able to carry out her duties with a minimum amount of support. She readily accepts responsibility and is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures in addition to her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the stations performance. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehrung has an excellent potential for assuming greater responsibilities.

3. In recognition of her outstanding performance it is recommended that Miss Zehrung be promoted to grade GS-12.



J.C. KING  
Chief  
Western Hemisphere Division

S-E-C-R-E-T

17 March 1973

MEMORANDUM FOR: Charlotte Zehrung

VIA : Chief, WH/3/Mexico

1. You have been selected by your division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your appointment is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the Clandestine Services objectives for your component.
2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and Index cards recommended for destruction by other members of your branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RI as that of an officially appointed Records Officer.
3. A series of meetings will be held in Room 1B02, I Building to brief you and your colleagues on the details of your duties as Records Officer. You have been scheduled to attend the meeting to be held on Wednesday, 2 April 1973, 1300 - 1645 hours; if it is not possible for you to attend on the date designated, please call Extension 8325 to arrange for an alternate date. Please review the attached materials prior to this meeting.

DDP Records Policy Officer

Attachment

As stated

cc: Personnel Jacket of Addressee

S-E-C-R-E-T

~~SECRET~~Classify According  
To Content.

## REQUEST FOR PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Yrs. Prof.	5. Sex	6. CS - EOD		
	ZEHMUNG, Charlotte L.			Mo Da Yr	None-0 5 Pt. 1 10 Pt. 2	O	Mo Da Yr		
7. SCD	8. CSC Reim.			9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. Min. Serv. Sched. LCD	
Mo Da Yr	Yes - 1 No - 2	Code		Mo Da Yr	Yes - 1 No - 2	Code	Mo Da Yr	Yes - 1 No - 2	Code

## PREVIOUS ASSIGNMENT

14. Organizational Designations DDP/mH Branch III Mexico Section			Code	15. Location Of Official Station Washington, D.C.			Station Code
16. Dept.- Field Dept. : X Code Usfld- Frgn- 11-2	17. Position Title Reports Officer			18. Position No.	19. Serv.	20. Occup. Series	BA-0072.01 GS 0132.44
21. Grade & Step 3 11-2	22. Salary Or Rate 6720 \$ 6605	23. SD DI	24. Date Of Grade 07/10/55	25. PSL Due 07/16/55	26. Appropriation Number 8-3500-20		

## ACTION

27. Nature Of Action REASSIGNMENT	Code 56	28. Eff. Date 5/13/58	29. Type Of Employee REGULAR	Code 01	30. Separation Date
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## PRESENT ASSIGNMENT

31. Organizational Designations DDP/mH Branch III Mexico Section			Code 4413	32. Location Of Official Station Washington, D.C.			Station Code 75013
33. Dept.- Field Dept. : X Code Usfld- Frgn- 11-2	34. Position Title T.O. (FI)			35. Position No.	36. Serv.	37. Occup. Series	BA-521-02 GS 0136.51
38. Grade & Step 3 11-2	39. Salary Or Rate 6720 \$ 6605	40. SD DI	41. Date Of Grade 07/10/55	42. PSL Due 07/16/55	43. Appropriation Number 8-3500-20		

## SOURCE OF REQUEST

A. Requested By (Name And Title) P.C. BOFFERS WH/Personnel Officer	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext.) JOHN WACHINHO X 6242	

## CLEARANCES

A. Career Board ✓	Signature	Date	C. Clearance	Signature	Date
B. Pos. Control			D. Placement		
C. Classification			E.		
Remarks	F. Approved By				

PERIODIC ST. THURS. 5/13/58  
APR. 1958

~~SECRET~~Classify According  
To Content.

## REQUEST FOR PERSONNEL ACTION

8 Nov 1957

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
	ZEHUNG, Charlotte E.	Mo Da Yr 1 12 29	None-O Code S Pt. I 10 PI-2	O F	Mo Da Yr
7. SCD	8. CSC Rating	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI	12. LCD
Mo Da Yr Yes - 1 Code No - 2 1			Mo Da Yr Yes - 1 Code No - 2		13. Mil Serv Credit Lcs Yes - 1 Code No - 2

## PREVIOUS ASSIGNMENT

VOUCHERED

14. Organizational Designations DDP/WH Branch II Argentina Section	Code	15. Location Of Official Station Washington, D. C.	Station Code
16. Dept.- Field Dept. X Code Usfld: Fran:	17. Position Title Reports Officer	18. Position No. BA-313	19. Serv. 20. Occup. Series GS 0132.44
21. Grade & Step GS-11-2	22. Salary Or Rate \$ 6605.00	23. SD DI	24. Date Of Grade Mo Da Yr 25. PSL Due Mo Da Yr 26. Appropriation Number 8-3500-20

## ACTION

27. Nature Of Action Reassignment	Code 56	28. Eff. Date 12/01/57	29. Type Of Employee Regular	Code 01	30. Separation Date
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## PRESENT ASSIGNMENT

VOUCHERED

31. Organizational Designations DDP/WH Branch III Mexico Section	Code 4613	32. Location Of Official Station Washington, D.C.	Station Code 11-4X 173-A13
33. Dept.- Field Dept. X Code Usfld: Fran:	34. Position Title Reports Officer	35. Position No. BA-72-01	36. Serv. 37. Occup. Series GS 0132.44
38. Grade & Step GS-11-2	39. Salary Or Rate \$ 6605.00	40. SD DI	41. Date Of Grade Mo Da Yr 42. PSL Due Mo Da Yr 43. Appropriation Number 8-3500-20

## SOURCE OF REQUEST

A. Requested By (Name And Title) *P.C. BOHRS*  
P.C. BOHRS WH/Personnel Officer

B. For Additional Information Call (Name & Telephone Ext.)  
H.G. MONTAGUE X 8242

C. Request Approved By (Signature And Title)

Clearance	Signature	Date	Clearance	Signature	Date
A. Comint Board	<i>Robert W. Shadley</i>	11-2-57	D. Placard	<i>Robert W. Shadley</i>	11-2-57
B. Pers. Control	KAI		E.		
C. Classification			F. Approved By	Robert W. Shadley	

Remarks

1152a  
5-17~~SECRET~~

(43)

~~SECRET~~

REPRODUCTION MASTERS

~~SECRET~~

BIOGRAPHIC PROFILE

~~SECRET~~

H a n d l e      W i t h      C a r e

14 00000  
Charlotte BUSTONS-VIDELA

LEFT HAND SIDE

(numbered top to bottom)

1. Admin and finance documents - March 1974 - Jan 1978
2. Admin and finance documents - May 1951 - April 1956
3. Bio profile (sanitized form in file)

Charlotte BUSTOS-VIDELA

RIGHT HAND SIDE FILE

(numbered top to bottom)

1. Personnel/cover - after 1973
2. "Actions" - Personnel actions - after 1973
3. "Actions" - Personnel Actions - Before 1957
4. "Fitness Reports" - May 1973 - Nov 1977
5. "Fitness Reports" prior to 1957
6. "Other" - admin material - after 1973
7. "Other"-admin material-prior to 1957
8. "Medical" - all medical material related to clearances
9. "PHS-SEC" - document related to cover legend

SECRET

CLASSIFIED BY

0300

FILE NO.

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			11 Sep 72	3190
<b>TO:</b> (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION		SS NUMBER	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION		EMPLOYEE NUMBER	007667
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action)	NH	ID CARD NUMBER	2040
ATTN:	<u>Edmond A. Sullivan</u>		X	ESTABLISHED
REF:	Form 1322 dated 5 May 72		OFFICIAL COVER	DISCONTINUED
SUBJECT	BUSTOS-VIDELA, Charlotte Z		UNIT	

## KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>Aug 62</u>	SUBMIT FORM 3254 W-2 TO BE ISSUED. (RRB 20-7)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <u>TDY</u> OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RRB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (RRB 20-7)	EAA: CATEGORY I      CATEGORY II		
<input type="checkbox"/> SUBMIT FORM 1325 W-2 TO BE ISSUED. (RRB 20-7)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (RRB 240-20)	SUBMIT FORM 2689 FOR HOSPITALIZATION CARD		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (RRB 240-24)	DO NOT WRITE IN THE SPACES		
<input checked="" type="checkbox"/> EAA: CATEGORY I      CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> SUBMIT FORM 2689 FOR HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY			
Aug 51 - Aug 62 Hqs/OVERT Aug 62 - Jul 67 Hqs/DAC Jul 67 - Aug 72 Mex/Co/ Sep 72 - Present Hqs/DAC			
<b>CD/kas</b>			
DISTRIBUTION:	COPY 1 - CO		
COPY 2 - OPERATING COMPONENT			
COPY 3 - OPA			
COPY 4 - DIA/TEUSCO			
COPY 5 - DIA			
COPY 6 - DCI - FILE			

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	7 August 1962
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT, WH	ESTABLISHED FOR (NEE: ZEHRLING)
ATTN:	WH/SS Mr. Mullane	BUSTOSVIDELA, Charlotte Z.
REF:	Verbal Request for Cover, Form 1322 Dated 31 Jul 62	
MILITARY COVER BACKSTOP ESTABLISHED		FILE NO. 3190 ID CARD NO.
<input type="checkbox"/>		
<input checked="" type="checkbox"/> BLOCK RECORDS: <small>(OPMEMO 20-800-11)</small> <p>a. TEMPORARILY FOR ____ DAYS, EFFECTIVE _____</p> <p><input checked="" type="checkbox"/> CONTINUING, EFFECTIVE 7 August 1962</p>		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. <small>(HB 20-800-3)</small>		
<input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. <small>(HB 20-661-1)</small>		
<input type="checkbox"/> SUBMIT FORM 1322 TO CHANGE ASSIGNING THIS COVER. <small>(R 740-230)</small>		
<input type="checkbox"/> SUBMIT FORM 1322 FOR TRANSFERRING COVER RESPONSIBILITY. <small>(R 740-230)</small>		
<input type="checkbox"/> REMARKS:  <i>THIS IS A TEMPORARY COVER</i> <i>FOR THE PERIOD</i> <i>31 JUL 62 - 7 AUG 1962</i>		
<input type="checkbox"/> COPY TO CPO/OP <b>43688</b>		
<small>CHIEF, MILITARY COVER CCC</small>		
<small>DISTRIBUTION: 1 USAF / 1 PSD O.S. / 1 ADRD / 1 CPT</small>		

THIS EMPLOYEE HAS BEEN IDENTIFIED AS  
A C.I.T.A. EMPLOYER FOR PURPOSES OF  
WITHHOLDING STATE AND FEDERAL TAXES

DATE DESIGNATED      JANUARY 03 1961

07667 CHARLOTTE L ZEHRUNG 235100010

**SECRET**  
(When Filled In)

### **NOTIFICATION OF PERSONNEL ACTION**

NOTIFICATION OF PERSONNEL ACTION			
1 SERIAL NUMBER <b>067657</b>	2 NAME (LAST-FIRST-MIDDLE) <b>BUSTOSVIDELA C Z</b>		
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4 EFFECTIVE DATE DD MM YY <b>07 01 73</b>	5 CATEGORY OF EMPLOYMENT 6 FUND SOURCE <b>X V TO V</b> <b>O TO V</b>
		7 PAY AND RICA <b>4235 4525 0000</b>	8 USE OF OTHER LEGAL AUTHORITY
9 ORGANIZATIONAL DESIGNATIONS <b>000/WH DIVISION</b>		10 LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11 POSITION TITLE <b>DPS OFFICER</b>		12 POSITION NUMBER <b>1294</b>	13 Grade/Service Designation <b>0</b>
14 CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS</b>	15 OCCUPATIONAL SERIES <b>0136.01</b>	16 GRADE AND STEP <b>13</b>	17 SALARY OR RATE
18 REMARKS			
SIGNATURE OR OVAL FOR AUTHENTICATION <i>[Signature]</i>			

~~SECRET~~

Digitized by srujanika@gmail.com

14 00000  
"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 530C AND EXECUTIVE ORDER  
11691 PURSUANT TO AUTHORITY OF DDCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND DDCI DIRECTIVE DATED 28 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

EFFECTIVE DATE OF PAY ADJUSTMENT CORRECTED FROM  
7 JAN 1973 TO 1 OCT 1972 UNDER EXECUTIVE ORDER  
11777, DATED 12 APR 1972 WHICH URGN. FUNDS GR-STEP

NAME	NEW SALARY
BUSTOSVIDELA C Z	\$23,642

SECRET

(When Filled In)

MOP: 26 SEPT 72

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER:		2. NAME (LAST-FIRST-MIDDLE)									
007667		HUSTOSVIDELA C Z									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS						09 17 72		REGULAR			
6. FUNDS		V TO V		V TO CF	7. FINANCIAL ANALYSIS NO CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
<input checked="" type="checkbox"/>		X	C TO V		3235 0620 1000		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DUP/WH DIVISION BRANCH 1 CA SECTION						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						1294		D			
14. GRADE OR RANK						15. GRADE AND STEP		16. SALARY OR RATE			
GS						01 02 03 1		15 7			
17. REMARKS						18. INFO:					
HOME BASE: WH											

SPACE BELOW FOR EXECUTIVE USE OF THE OFFICE OF PERSONNEL

1. POSITION NUMBER	2. STATION OR LOCATION OF OFFICIAL STATION	3. DATE OF GRADE	4. DATE OF PAY
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"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND  
EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CSA ACT OF 1969, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENTS: 9 JANUARY 1972

NAME	SERIAL	OPCH, FUNDS GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667	51 620 CF GS 13 7	\$22,487

1. SPJ. #/NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. SWOP HOURS	
007667	BUSTOSVIDELA C Z	51 620	CF		
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION	
Grade	Step	Salary	Old L.H. Date	Grade Step Salary Effective Date	SI ADJ
GS 13	6	\$20,721	10/19/69	GS 13 7 \$21,313	10/17/71
CERTIFICATION AND AUTHENTICATION					
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.					
SIGNATURE				DATE	
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> 9/11 <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD					
LWOP STATUS	9/11	9/11	9/11	9/11	9/11
7. PAY CHARGE NOTIFICATION	NOTIFIED AT				
8. PAY CHARGE NOTIFICATION	16/135 559				

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11575 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL ORGN, FUNDS GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667 51 620 CF GS 13 6	\$20,721

*Approved by [Signature]*

For [Signature]

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-261 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 20 DECEMBER 1969

NAME	SERIAL ORGN, FUNDS GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667 51 620 CF GS 13 6	\$19,545

14 00000  
"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 06 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS: 14 OCTOBER 1973

NAME	SERIAL UNKN. FUNDS GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667 51 100 V GS 13 7	\$24,811

1. Serial No.	2. Name	3. Grade	4. Step	5. Effective Date	6. Remarks
007667	BUSTOSVIDELA C Z			GS 620 CF	
5. OLD SALARY RATE	6. NEW SALARY RATE	7. TYPE ACTION			
Grade Step Salary	Grade Step Salary	PSI LSI AGI			
GS 13 5 \$17,920	GS 13 6 \$19,447				
10/19/69	12/14/69				

6. Remarks and Authentication

QUALITY STEP INCREASE

/s/ R S WATKINS	12 DECEMBER 1969
PAY CHANGE NOTIFICATION	

G51

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS
007667	BUSTOSVIDELA C Z	51 620	CF	
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION
Grade	Step	Salary	Last Eff Date	Grade Step Salary Effective Date
GS 13	4	\$17,393	10/22/67	GS 13 5 \$17,920 10/19/69
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE <i>Howard J. Seabrook</i>	DATE 8/16/69/35			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD				
CLERKS INITIALS <i>PP</i>				
ADJUSTED BY <i>JHR</i>				
FORM 7-60 560 E Use previous editions		PAY CHANGE NOTIFICATION (4-51)		

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

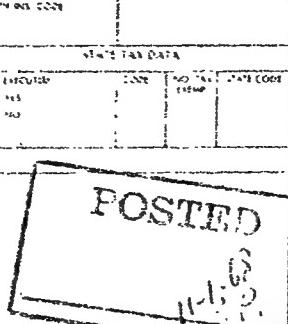
NAME	SERIAL	ORGN.	FUNDS	CH-SPEC	SALARY
BUSTOSVIDELA C Z	007667	51 620	CF	GS 13 4	\$17,393

RET

(When Filed In)

• VU: 31 OCT 08

## **NOTIFICATION OF PERSONNEL ACTION**

NOTIFICATION OF PERSONNEL ACTION												
OLF												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
007667		BUSTOSVIDELA C Z										
3. NATURE OF PERSONNEL ACTION  REASSIGNMENT					4. EFFECTIVE DATE MO DA YE 11 03 68		5. CATEGORY OF EMPLOYMENT  REGULAR					
6. FUNDS 		V TO V		V TO CF		7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY 9135 0590 0000			50 USC 403 J.	
8. ORGANIZATIONAL DESIGNATIONS  DOP/WH FOREIGN FIELD BRANCH MEXICO CITY, MEXICO STATION					9. LOCATION OF OFFICIAL STATION  MEXICO CITY, MEXICO							
11. POSITION TITLE  OPS OFFICER					12. POSITION NUMBER 0418			13. SERVICE DESIGNATION O				
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)  GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 4		17. SALARY OR RATE 15843					
18. REMARKS STAFF EMPLOYEE SPECIAL												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING TE/MERC ALPHABETIC	22. STATION CODE	23. INSTITUTE CODE	24. MATH CODE	25. DATE OF BIRTH MO DA YE 11 12 21	26. DATE OF GRADE MO DA YE 1 1 1	27. DATE OF LES MO DA YE 1 1 1	28. SECURITY REG NO	29. SECURITY REG NO	30. SER. NO.	
37	10	51620 WH	45073		3							
30. RATE EXPRES		31. SPECIAL REFERENCE	32. RETIREMENT DATA CODE		33. SEPARATION DATA CODE	34. Correction / Concentration Data CODE		35. SOC. SECURITY NO		36. SOC. SECURITY NO		
MO DA YE						MO DA YE						
37. VET PREFERENCE		38. SERV. COMP. DATE	39. LONG. COMP. DATE		40. CAREER CATEGORY	41. FEDERAL HEALTH INSURANCE CODE		42. SOCIAL SECURITY NO				
CODE	0. HOME 1. SP 2. VET	MO DA YE 11 03 68	MO DA YE 11 03 68		1. WORKER 2. HAN	CODE 100-1000 100-1000		CODE 100-1000 100-1000				
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE		44. LEAVE CAT. CODE	45. FEDERAL TAX DATA CODE		46. STATE TAX DATA CODE	47. STATE TAX DATA CODE		48. STATE TAX DATA CODE		49. STATE TAX DATA CODE		
CODE	0. NO PRIOR SERVICE 1. NO PRIOR SERVICE 2. PRIOR SERVICE LESS THAN 2 yrs 3. PRIOR SERVICE 2 yrs or more		CODE		CODE	CODE		CODE		CODE		
SIGNATURE OR OTHER AUTHENTICATION												

לְמַעַן תִּשְׁאַל  
בְּנֵי יִשְׂרָאֵל  
בְּנֵי יִשְׂרָאֵל

Digitized by srujanika@gmail.com

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-266 AND EXECUTIVE ORDER 11613 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENTS: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BUSTOSVIDELA C Z	007667	51 620	CF	GS 13 4	\$14,857	\$15,849

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)									
007667	BUSTOSVIDELA C Z									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT				
PAYADJUSTMENT					NO DA YR	REGULAR				
6. FUNDS ➤					V TO V	V TO CF	7. Financial Analysis No. Chargeable			8. ESC OR OTHER LEGAL AUTHORITY
					G TO V	A	6135 C-131 (600)			30 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION					
MPP/WI FOREIGN FIELD DISANCH. I MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO					
11. POSITION TITLE					12. POSITION NUMBER	13. SERVICE DESCRIPTION				
CIVIC COMM.					11-2					
14. CLASSIFICATION SCHEDULE (GS, TS, etc.)					15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE			
GS					01500.01	10 3	157.2			
18. REMARKS DRAFT EMPLOYEE 14 JULY 1968										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOYEES CODE	21. OFFICE CODING NUMBER C ALPHABETIC		22. STATION CODE	23. INTEGRITY CODE	24. RASHI CODE	25. DATE OF BIRTH	26. DATE OF DEATH	27. DATE OF LES	
-7	15	51 620 V		50170	3		11-12	1	1	
28. HRS EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/ANNUALIZATION DATA	33. SECURITY	34. SOC. SEC. NO.			
MO 14 19		CIA	CODE	DATA CODE	TYPE		602			
35. VET PREFERENCE		36. SERV. COMM. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FELT / HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
CODE		00 00 00 00	00 00 00 00	CODE	CODE	0-MAILER / HEALTHINS CO/R				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE					42. LEAVE CAT. CODE	43. FEDERAL TAX DATA				
CODE					0 NO PREVIOUS SERVICE	100-EXCISE	CODE	44. STATE TAX DATA		
1 NO CARRY IN SERVICE					100	100-EXCISE	100-EXCISE	45. STATE TAX DATA		
2 CARRY IN SERVICE					100	100-EXCISE	100-EXCISE			
3 BREAK IN SERVICE					100	100-EXCISE	100-EXCISE			
SIGNATURE OR OTHER AUTHENTICATION										
POSTED [Signature]										

651

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
007667		BUSTOSVIDELA C 2		SI 620		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	SI	ADJ
GS 13	3	\$13,769	10/23/66	GS 13	4	\$14,217	10/22/67		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE		DATE							
<i>John T. Jones</i>		8/18/67							
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS		\$0.0000						AUDITED BY	
FORM 7-66 560 E Use previous editions		PAY CHANGE NOTIFICATION						(4-51)	

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-246 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 9 OCTOBER 1962."  
 EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME: BUSTOSVIDELA C 2  
 SERIAL ORGN. FUNDS GR-STEP OLD SALARY NEW SALARY  
 007667 SI 620 CF GS 13 3 \$13,769 \$14,217

**SECRET**  
(When Filled In)

MAH: 18 JULY 67

**NOTIFICATION OF PERSONNEL ACTION**

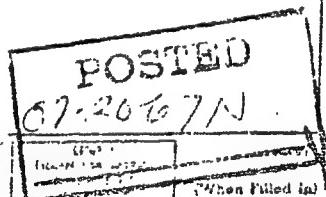
11CF

1. SERIAL NUMBER	2. NAME (LAST-FIRST MIDDLE)		
(007667	BUSTOSVIDELA C Z		
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS		NO DA YR 07 16 67	REGULAR
6. FUNDS 	V TO V	X	V TO CF
	GP TO V		CF TO GP
7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY	
8135 0390 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/AH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION		MEXICO CITY, MEXICO	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER		1528	D
14. CLASSIFICATION SCHEDULE (GS, LD, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP
GS		0136.01	13 3
			17. SALARY OR RATE
			13769
18. REMARKS			

*Space below for exclusive use on the clients of personnel*

SPACE BELOW FOR EXCLUSIVE USE OF THE EMPLOYEE OR PERSONNEL											
19 ACTION CODE	20. EMPLOYEE CODE	21 OFFICE CODING NUMBER	22. STATION CODE	23. INTEREEST CODE	24. HOME CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATES OF RET.			
20	10	51620	VH	45075	3	01 12 29	MO DA YR	MO DA YR			
28 HIRE EXPIRES		29 SPECIAL REFERENCE	30 BENEFITMENT DATA		31 SEPARATION DATA CODE	32 CONTRACT/ CANCELLATION DATA		33 SECURITY REG RD	34 SEA		
MO. DA TH			1. VFA	2. VFA	TYPE	MO DA YR					
07 15 69	82		3. VFA	4. VFA							
35 VET PREFERENCE		36 SERV COMP DATE	37. LONG TOUR DATE		38 CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE	0 - NONE 1 - 100% 2 - 60% 3 - 40% 4 - 20%	MO DA YR	MO	DA	TH	CODE	0 - WAIVER 1 - YES	CODE	0 - CASH 1 - CASP		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE					42 LEAVE CAT CODE	43 FEDERAL TAX DATA	44 SPACE FOR DATA				
CODE	0 - AD PT TIME SERVICE 1 - NO CRED IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 MOS. 3 - BREAK IN SERVICE MORE THAN 3 MOS.		1 - EXEMPTED CODE	2 - TAX EXEMPTIONS	3 - FORM EXECUTED	CODE	0 - CASH 1 - CAMP	CODE	0 - CASH 1 - CAMP		
			1 - YES	2 - NO	1 - YES						
					2 - NO						

#### REVIEWING OTHER AUTHENTICATION



SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
007637		L STOSVIA DELA C J										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION						00 DA 00		REGULAR				
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
		CP TO V		CP TO CP		7001 0000 0000		30 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP, WII BRANCH I FI SECTION						WASH., D.C.						
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION				
COMPT'S OFFICER						1201		D				
14. CLASSIFICATION SCHEDULE (SS, LS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01			13 3		13760				
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. PERIOD	21. OFFICE CODING		22. STATION CODE	23. INITIREE CODE	24. MAJOR CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI			
20	12	1 - 000 0000		1	1	1	00 00 00	00 00 00	00 00 00			
20. RIF EXPIRES		21. SPECIAL REFERENCE		22. RETIREMENT DATA		23. SEPARATION DATA CODE	24. CANCELLATION DATA TYPE		25. SECURITY REQ NO	26. SEC SEC		
NO 01 16		1 - 000 0000		LOOP			00 00 00					
27. VET. PREFERENCE		28. SERV. COMP. DATE		29. LONG COMP. DATE		30. CAREER CATEGORY	31. FIGLI / HEALTH INSURANCE		32. SOCIAL SECURITY NO			
CODE		0 - NONE 1 - 000 0000 2 - 000 0000		00 DA 00		CODE	0 - WAIVED 1 - YES		CODE			
33. PREVIOUS GOVERNMENT SERVICE DATA						34. LEAVE CAT CODE	35. FEDERAL TAX DATA		36. STATE TAX DATA			
CODE						1 - NO PREVIOUS SERVICE 2 - NO RECENT SERVICE 3 - BREAK IN SERVICE LESS THAN 3 MONTHS 4 - BREAK IN SERVICE MORE THAN 3 MONTHS	1 - EXEMPT 2 - NO 3 - NO		4 - EXEMPT 5 - NO 6 - NO		7 - EXEMPT 8 - NO 9 - NO	
SIGNATURE OR OTHER AUTHENTICATION												
11/22/67 ✓												

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BUSTOS-VIDELA C Z	907667	91 300	V	GS 12 6	\$12,025	\$12,459

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENTS 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BUSTOS-VIDELA C Z	907667	91 300	V	GS 12 6	\$12,459	\$12,822

JO 7A67 : BUSTOSVIDELA C Z										NEW SALARY RATE			TYPE ACTION		
OLD SALARY RATE					NEW SALARY RATE					TYPE ACTION					
O-Code	Step	Salary	End Date	Grade	Step	Salary	Effective Date	PW	LU	ADJ					
GS 12 5		\$11,670	10/13/65	GS 12 6		\$12,075	10/10/65								

// NO EXCESS L-WUP  
 // IN PAY STATUS AT END OF WAITING PERIOD  
 // LWCP STATUS AT END OF WAITING PERIOD  
 CLERK INITIALS D.J. AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS  
OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURES

PAY CHANGE NOTIFICATION

Form 901 300

Obsolete Previous Edition

(481)

SECRET  
(When Filled In)

NJM: 11 AUG 65

NOTIFICATION OF PERSONNEL ACTION																		
OCC		1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)		3. NATURE OF PERSONNEL ACTION												
007667		BUSTOSVIDELA C Z		REASSIGNMENT														
6. FUND#		X		V TO V		V TO CF		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT								
DDP/WH		COST CENTER NO. CHARGEABLE		08101165		REGULAR				7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY						
BRANCH 1		6235 0620 0000		50 USC 403 J		9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION		WASH., D. C.		11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION		
FI SECTION		14. CLASSIFICATION SCHEDULE (1A, 1B, 1C)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		18. REMARKS		OPS OFFICER		1201		D		
GS		0136.01		12.5		11670												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																		
19. ACTION CODE	20. Employee Code	21. OFFICE CODING		22. STATION CODE	23. PAYGRADE CODE	24. Paygr. Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES									
37	10	51300 WH		75013	1	011229												
28. HIRE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA												
NO DA TA		CSC FICA NOVA		CODE	DATA CODE	TYPE	NO DA TA	NO DA TA	NO DA TA									
33. VET PREFERENCE		34. SERV. COMP. DATE		35. LONG COMP. DATE	36. CAREER CATEGORY	37. FED/HEALTH INSURANCE												
LONG		O-1000 0000 24 18		NO 00 18	CAR 0000 0000 0000	CODE O-WALKER												
38. PREVIOUS GOVERNMENT SERVICE DATA		40. LEAVE CASH CODE		41. FEDERAL TAX DATA		42. STATE TAX DATA												
CODE		0 NO PREVIOUS SERVICE 1 NO SERVICE IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 mos. 3 BREAK IN SERVICE INCDY. THAN 3 mos.		FEDERAL TAX DATA		STATE TAX DATA												
				1 FEE 2 NO		1 EXEMPT 2 NO												
SIGNATURE GS OTHER AUTHENTICATION																		

SECRET  
(When filled in)

## NOTIFICATION OF PERSONNEL ACTION

OCS 05/27/65

1 SERIAL NUMBER 2 NAME (LAST-FIRST-MIDDLE)

007667 RUSTOSVIDELA C Z

3 NATURE OF PERSONNEL ACTION

REASSIGNMENT

4 FUNDS



V TO V



V TO O



O TO V



O TO O

5 EFFECTIVE DATE

MM DD YY

05 31 65

6 CATEGORY OF EMPLOYMENT

7 COST CENTER NO CHARGEABLE

8 CSC OR OTHER LEGAL AUTHORITY

5235 0620 0000

9 ORGANIZATIONAL DESIGNATIONS

DDP/WH DIVISION

10 LOCATION OF OFFICIAL STATION

WASH, D. C.

11 POSITION TITLE

OPS OFFICER

12 POSITION NUMBER

1202

13 CAREER SERVICE DESIGNATION

U

14 CLASSIFICATION SCHEDULE (GS, LS, etc.)

GS

15 OCCUPATIONAL SERIES

0136.01

16 GRADE AND STEP

12

17 SALARY OR RATE

18 REMARKS

POSTED

6-9-65 HT

SIGNATURE OR OTHER AUTHENTICATION

**ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.**

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE  
AND STEP AS INDICATED IN CHART BELOW.**

**GENERAL SCHEDULE RATES**  
**Federal Employees Salary Act of 1964**

007667

BUSTOS-VIDELA, C. Z.

\$2,600

OCC SALARY RATE				NEW SALARY RATE				PROMOTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	Effective Date	PIN	EMP	REAS
08 12	8	\$30,970	10/13/63	08 12	5	\$31,300	01/29/64			

Remarks and Approval

QUALITY STEP INCREASE.

SIGNED: E. D. ECHOES  
MARCH 24, 1964  
PAY CHANGE NOTIFICATION

Form 961-560 Obsolete Previous Edition

(4-61)

SECRET  
(When Filled In)

MHC:5 DEC 63

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
007667		BUSTOSVIDELA C Z															
3. NATURE OF PERSONNEL ACTION																	
REASSIGNMENT																	
4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT															
NO. DA. YR 12 05 63		REGULAR															
6. FUNDS → X V TO V V TO CP		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY													
		4235 1000 1000		50 USC 403 J													
9. ORGANIZATIONAL DESIGNATIONS																	
DDP WH BRANCH 3 MEXICO SECTION																	
10. LOCATION OF OFFICIAL STATION																	
WASH., D.C.																	
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION													
OPS OFFICER		0321		D													
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE											
GS		0136.01		12 4		10420											
18. REMARKS																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. ENCL. CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. Height CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LES	
37		10		51400		WH		75013		1		01 12 29		00 00 00		00 00 00	
28. REC. EXPIRES		29. SPECIAL REFERENCE		30. ATTACHMENT DATA		31. SEPARATION DATA		32. CORRECTION/CANCELLATION DATA		33. SECURITY DATA		34. SEC. REG. NO.					
MO. DA. YR		LSC		CODE		DATA CODE		TYPE		MO. DA. YR		EOD DATA		REG. NO.			
35. VET PREFERENCE		36. STAFF COMP. RATE		37. LONG COMP. RATE		38. CAREER CATEGORY		39. FEES / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
CODE		0 100 0 00 00		0 00 00 00 00		0 00 00 00 00		CODE 0 000 0 000 00		CODE 0 000 0 000 00							
41. PREVIOUS GOVERNMENT SERVICE DATA		42. STATE TAX		43. FEDERAL TAX DATA		44. STATE TAX DATA		45. FEDERAL TAX DATA		46. STATE TAX DATA							
CODE		0 000 0 000 00		0 000 0 000 00		0 000 0 000 00		0 000 0 000 00		0 000 0 000 00							
47. SIGNATURE OR OTHER AUTHENTICATION																	

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-163 AND DCL  
MEMORANDUM DATED 1 AUGUST 1946, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 3 JANUARY 1947.

NAME	SERIAL	ORG FUNDS	GR-ST	OLD SALARY	NEW SALARY
BUSTOSVIDELA C Z	007667	\$1,400 V	GS 12 4	\$10,420	\$10,970

14 00000  
 IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW <sup>47 - 793</sup>  
 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 16 OCTOBER 1962

NAME	SERIAL ORGN	FUND SOURCE	OLD	OLD	NEW	NEW	
			GR	ST	GR	ST	
BUSTOSVIDELA C Z	007667	A4400	V	12 2	8 9215	12 2	8 9790

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
007667	BUSTOSVIDELA C Z	64 400 V								
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Low Eff Date	Grade	Step	Salary	Effective Date	PNU	LSD	ADI
GS-12	2	8 9790	06/11/61	GS-12	3	8 310.105	10/14/62			
7. Remarks and Authentication										
✓ NO EXCESS LWOP ✓ IN PAY STATUS AT END OF WAITING PERIOD ✓ LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: AUDITED BY: <i>W/K</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>redf. Holmgren</i> DATE: 26-X-62										
PAY CHANGE NOTIFICATION										

SECRET  
(When Filled In)

AFCS 11 AUG 61

## NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE) BUSTOS-VIDELA C Z BUSTOSVIDELA C Z			
3. NATURE OF PERSONNEL ACTION NAME CHANGE FROM* CHARLOTTE L. ZEBRUNG - CORRECTION**			4. EFFECTIVE DATE 06 12 61	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V <input checked="" type="checkbox"/>	V TO CP <input type="checkbox"/>	7. COST CENTER NO. CHARGEABLE 2235 1000 1000	8. LSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP WH BRANCH 3 MEXICO SECTION			10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 0607	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, GS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 2	17. SALARY OR RATE 9215
18. REMARKS * BY MARRIAGE ON 18 MARCH 61. ** THIS ACTION CORRECTS SF 1150 EFF 12 JUNE 61 ITEM # 2, NAME, WHICH READ BUSTOSVIDELA C Z TO READ BUSTOS-VIDELA C Z, FOR PAYROLL PURPOSE ONLY.				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL				
19. ACTION: 20. Employ. CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGEE CODE	24. GRADE CODE 01 12 29
				25. DATE OF BIRTH 00 00 00
26. DATE OF GRADE 00 00 00	27. DATE OF LEA 00 00 00			
28. NTC EXPIRES NO SA YR	29. SPECIAL REFERENCE 1. CSC 2. PICA 3. NONE	30. REQUIREMENT DATA CSC	31. SEPARATION DATA CODE TYPE NO SA YR	32. CSE/FA/CV/CANCELLATION DATA TYPE NO SA YR EOD DATA →
				33. SECURITY REQ HQ 34. SEX
35. RET PREFERENCE CODE 0. NONE 1. EFT 2. TGT	36. SERV. COMP. DATE NO DA YR 00 00 00	37. LONG COMP. DATE NO DA YR 00 00 00	38. MIL. SERV. CREDITS/L'S 00	39. ELIGI / HEALTH INSURANCE 0. MAILED 1. YES
				40. SOCIAL SECURITY NO
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 1. NO PAST GOV SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LONGER THAN 12 MOS) 4. BREAK IN SERVICE (SHORTER THAN 12 MOS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA PENALIZED/REQD. CODE 1. YES 2. NO	44. STATE TAX DATA PENALIZED/REQD. CODE 1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION POSTED 08/22/61 JK				

**SECRET**  
(When Filled In)

ACS: 12 JUNE 61

**NOTIFICATION OF PERSONNEL ACTION**

OFF

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)				
007667		BUSTOSVIDELA C Z				
3. NATURE OF PERSONNEL ACTION NAME CHANGE FROM CHARLOTTE L. ZEHRUNG		4. EFFECTIVE DATE MO. DA. YR	5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS → <input checked="" type="checkbox"/> V TO V CP TO V		7. COST CENTER NO. CHARGEABLE 1235 1000 1000				
8. ORGANIZATIONAL DESIGNATIONS  DOP WH BRANCH 3 MEXICO SECTION		9. LOCATION OF OFFICIAL STATION  WASH., D.C.				
11. POSITION TITLE  OPS OFFICER		12. POSITION NUMBER 0607	13. CAREER-SERVICE-DISPOSITION D.			
14. CLASSIFICATION SCHEDULE (GS, WS, GS.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 2			
17. REMARKS BY MARRIAGE. 18 MARCH 1961		18. SALARY OR RATE 9215				
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION/10. EMPLOYEES CODE 53 10	21. OFFICE CODING NUMERIC      ALPHABETIC	22. STATION CODE CODE	23. INTRIGUE CODE CODE	24. MOVT/25. DATE OF BIRTH MO. DA. YR 01 12 29	26. DATE OF GRADE MO. DA. YR 00 00 00	27. DATE OF LES MO. DA. YR
28. SITE EXPIRES DA. DA. YR 28. DA. 14	29. SPECIAL REFERENCE 1. CSC 2. PSC 3. NONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO. DA. YR 00 00 00	33. SECURITY REG. NO. REG. NO.	34. SEX
35. VET PREFERENCE 22RS 1. HOME 2. 90% 3. 10% 4. 100%	36. SERV. COMB. DATE MO. DA. YR 00 00 00	37. LONG. COMB. DATE MO. DA. YR 00 00 00	38. MIL. SERV. CREDITED/LED CODE 1 - YES 2 - NO	39. FEGL / HEALTH INSURANCE CODE 0 - WORKER 1 - YES 40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA 22RS 1. NO PREVIOUS SERVICE 2. NO SERVICE IN SERVICE 3. BREAK IN SERVICE LESS THAN 12 MONTHS 4. BREAK IN SERVICE MORE THAN 12 MONTHS	42. LEAVE CAP CODE	43. FEDERAL TAX DATA NON-EXECUTED CODE 1 - YES 2 - NO	44. STATE TAX DATA NON-EXECUTED CODE 1 - YES 2 - NO	45. NO TAX EXEMPT STATE CODE		
SIGNATURE ON OTHER AUTHENTICATION						
<input type="checkbox"/> POSTED <span style="font-size: 2em; vertical-align: middle;">6/14/61 ZJK</span>						

**SECRET**  
(When Filled In)

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours							
107667	MUST S VILLE 4 ZEHRUNG CHARLOTTE	DCP/WH 3	V=20							
5. OLD SALARY RATE		6. NEW SALARY RATE								
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PST	LST	ADJ.
GS 12	1	\$ 8,955	12/13/69	12	2	\$ 9,215	08/11/69			
7. Remarks and Authorization										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD										
<b>E. Echols</b> <i>[Signature]</i> <b>JK</b> <i>[Initials]</i> <b>PAY CHANGE NOTIFICATION</b>										

Form 560

Obsolete Previous Edition

**SECRET**

(4-64)

IN ACCORDANCE WITH THE PROVISIONS OF P.L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORG	GR-ST	OLD SALARY	NEW SALARY
DI	ZEHRUNG CHARLOTTE	107667	46 13	GS-12 1	\$ 8,330.	\$ 8,955

/S/      EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

PAS: 11 DEC 1959

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
107667	ZEHRUNG CHARLOTTE	Mo. Da. Yr. 01 12 29	None-0 5 Pt-1 10 Pt-2	Code 0	Mo. Da. Yr. 08 27 51
7. SCD	8. CSC Refint.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. REGLI	12. LCD
Mo. Da. Yr. 04 02 51	Yrs-1 No-2	Code 1	Mo. Da. Yr. No-1 No-2	Mo. Da. Yr. 08 27 51	Yrs-1 Code 2
13. Bill. Perfo. Co.					
14. Organizational Designations					
DDP WH BRANCH 111 MEXICO SECTION					
		Code	15. Location Of Official Station		Station Code
		4613	WASH., D. C.		75013
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series	
Dept - 2 USAd - 4 Frgn - 6	Code 2	1.0. F1	0521	GS	0136.51
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
11 4	\$ 7750	DI	Mo. Da. Yr. 04 10 55	Mo. Da. Yr. 04 06 58	8 3500 20

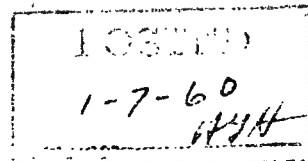
### PREVIOUS ASSIGNMENT

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employment	Code	30. Separation Date
PROMOTION	30	Mo. Da. Yr. 12 13 59	REGULAR	01	
31. Organizational Designations	Code	32. Location Of Official Station			
DDP WH BRANCH 111 MEXICO SECTION	4613	WASH., D.C.			
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
Dept - 2 USAd - 4 Frgn - 6	Code 2	OPS CFCR	0607	GS	0136.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
12 1	\$ 8330	DI	12 13 59	06 11 61	0235 1000 1000

### PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station			
DDP WH BRANCH 111 MEXICO SECTION	4613	WASH., D.C.			
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series	
Dept - 2 USAd - 4 Frgn - 6	Code 2	OPS CFCR	0607	GS	0136.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
12 1	\$ 8330	DI	12 13 59	06 11 61	0235 1000 1000

44. Remarks



**SECRET**  
~~OPTION FILLED IN~~

1. EMP. SERIAL NO.		2. NAME					3. ASSIGNED ORGAN.			4. FUNDS		5. ALLOTMENT	
107667		ZEHREUNG CHARLOTTE					DDPM/WH 3			V-2U		3-1	
6. OLD SALARY RATE							7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE				
			MO	DA	YE				MO	DA	YE		
GS 11	3	\$ 7,510	04	06	58	GS 11	4	\$ 7,750	10	04	59		
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER													
8. CHECK ONE IF EXCESS LWOP, CHECK FOLLOWING:							9. NUMBER OF HOURS LWOP						
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD							10. INITIALS OF CLERK						
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD							11. AUDITED BY						
TO BE COMPLETED BY THE OFFICE OF PERSONNEL													
12. TYPE OF ACTION							13. REMARKS						
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT													
14. AUTHENTICATION													
<i>65-11283-02-54</i>													
<i>PA</i>													
C. H. ZEHREUNG													
PAY CHANGE NOTIFICATION													

298

**560** OBSOLETE PTTV4US EDITION  
REPLACES PGM 5609- AND 560B

**SECRET**

**OFFICIAL PERSONNEL FOLDER**

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESЛОTTING RESULTING  
FROM R-20-250

SEQ #	NAME	SD	OLD SLOT	NEW SLOT	DATE
107867	ZEHDR:HE CHARLOTTE	PI	0521	321	04/28/50

Section

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
JULY 1, 1962 AND PCS

GENERAL SCHEDULES SALARY INCREASE  
MARCH 1959 AUTHORIZED BY P. L. 85 - 462 AND PGI  
TO AC 501

12 JANUARY 1959 AUTHORIZED  
DIRECTIVE. SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS  
SALARY NEW

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
RUNG CHARLOTTE	107667	GS-11-3	\$ 6,820	\$ 7,510
			GORDON M. STEWART DIRECTOR OF PERSONNEL	

SECRET

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

HCM 3 APRIL 58

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof.	5. Sex	6. CS - EOD
107667	ZEHRLING CHARLOTTE			Mo. Da. Yr. 01 12 29	None-0 5 Pt-1 10 Pt-2	Code 0	Mo. Da. Yr. 08 27 51
7. SCD	B. CSC Recd.	9. CSC Or Other Legal Authority			10. Apmt. Alifad.	11. FEGLI	12. LCD
Mo. Da. Yr. 04 02 51	Yes-1 No-2	Code 1	50 USCA 403			Mo. Da. Yr. 08 No-2	Code 2

**PREVIOUS ASSIGNMENT**

14. Organizational Designations			Code	15. Location Of Official Station			Station Code
DDP WH BRANCH 111 MEXICO SECTION			4613	WASH D C			75013
16. Dept. - Field	17. Position Title			18. Position No.	19. Serv.	20. Occup. Series	
Dept - 2 USMId - 4 Frqn - 6	Code 2	REPORTS OFF			0072.01	GS	0132.44
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number		
11 2	\$ 6605	D1	Mo. Da. Yr. 04 10 55	Mo. Da. Yr. 04 06 58	8 3500 20		

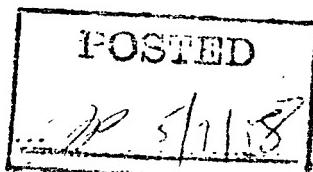
**ACTION**

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT	56	Mo. Da. Yr. 04 03 58	REGULAR	01	

**PRESENT ASSIGNMENT**

31. Organizational Designations			Code	32. Location Of Official Station			Station Code
DDP WH BRANCH 111 MEXICO SECTION			4613	WASH. D. C.			75013
33. Dept. - Field	34. Position Title			35. Position No.	36. Serv.	37. Occup. Series	
Dept - 2 USMId - 4 Frqn - 6	Code 2	I.O. FI			0521	GS	0136.51
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number		
11 2	\$ 6605	D1	Mo. Da. Yr. 04 10 55	Mo. Da. Yr. 04 06 58	8 3500 20		

44. Remarks



**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

MYL

1. Serial No.	2. Name (Last-First-Middle)			3. Date Of Birth	4. Vet. Prof.	5. Ser.	6. CS-EOD
107667	ZEHRUNG CHARLOTTE			Mo. Da. Yr. 01 12 29	None-O 5 Pt-1 10 Pt-2 Code 0	F 2	Mo. Da. Yr. 08 27 51
7. SCD	8. CSC Retmt.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. <small>Other Info</small>	<small>Code</small>
Mo. Da. Yr. 04 02 51	Yes - 1 No - 2	Code 1 50 USCA 403 J	Mo. Da. Yr. Yes-1 No-2	Mo. Da. Yr. 08 27 51	Mo. Da. Yr. Yes-1 No-2	Mo. Da. Yr. 08 27 51	Code 2

**PREVIOUS ASSIGNMENT**

14. Organizational Designations		Code	15. Location Of Official Station		Station Code
DDP WH BRANCH 11 ARGENTINA SECTION			WASH D C		
16. Dept. - Field	17. Position Title		18. Position No.	19. Serv.	20. Occup. Series
Dept - 2 Ustd - 4 Frpn - 6	Code 2 REPORTS OFFICER		313	GS	0132.44
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PSI Due	26. Appropriation Number
11 2	\$ 6605	DI	Mo. Da. Yr. 04 110 155	Mo. Da. Yr. 04 106 158	8 3500 20

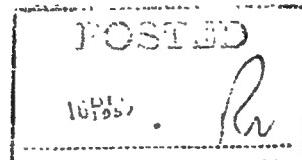
**ACTION**

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT	56	Mo. Da. Yr. 12 01 57	REGULAR	01	

**PRESENT ASSIGNMENT**

31. Organizational Designations		Code	32. Location Of Official Station		Station Code
DDP WH BRANCH 111 MEXICO SECTION		4613	WASH D C		75013
33. Dept. - Field	34. Position Title		35. Position No.	36. Serv.	37. Occup. Series
Dept - 2 Ustd - 4 Frpn - 6	Code 2 REPORTS OFF		0072,01	GS	0132.44
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PSI Due	43. Appropriation Number
11 2	\$ 6605	DI	Mo. Da. Yr. 04 110 155	Mo. Da. Yr. 04 106 158	8 3500 20

44. Remarks



SECRET  
CLASSIFICATION

## FITNESS REPORT

SECTION A		GENERAL INFORMATION						
1. EMPLOYEE NUMBER <b>007667</b>	2. NAME (Last, first, middle) <b>Bustos-Videla, Charlotte Z.</b>	3. DATE OF BIRTH <b>12 Jan 29</b>	4. SEX <b>F</b>	5. GRADE <b>GS-13</b>	6. SD <b>D</b>	7. OFFICIAL POSITION TITLE <b>Operations Officer</b>	8. OFF/DIV/BR OF ASSIGNMENT <b>DDO/WH/1</b>	9. CURRENT STATION <b>10. HQ CO</b>
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT				
CAREER	RESERVE	CONTRACT	OTHER (SPEC.)	TEMPORARY	ANNUAL	REASSIGNMENT	SPECIAL	
13. REPORTING PERIOD (From-to)				14. DATE REPORT DUE IN O.P.				
<b>XXXI August 1972 - 30 April 1973</b>								
SECTION B		QUALIFICATIONS UPDATE						
If QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.								
SECTION C		PERFORMANCE EVALUATION						
<u>U</u> - <u>Unsatisfactory</u>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.							
<u>M</u> - <u>Marginal</u>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.							
<u>P</u> - <u>Proficient</u>	Performance is satisfactory. Desired results are being produced in the manner expected.							
<u>S</u> - <u>Strong</u>	Performance is characterized by exceptional proficiency.							
<u>O</u> - <u>Outstanding</u>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
SPECIFIC DUTIES								
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).								
SPECIFIC DUTY NO. 1							RATING LETTER	
Functions as Chief of the WH/1/SA and Cuba Section, supervising one case officer, one IA and one secretary.							<b>S</b>	
SPECIFIC DUTY NO. 2							RATING LETTER	
Analyzes all traffic pertaining to Branch and Station SA and Cuban Operations, performs all operational support, project actions, correspondence, coordination, memoranda and file maintenance.							<b>O</b>	
SPECIFIC DUTY NO. 3							RATING LETTER	
Prepares studies, file analyses and special reports such as budget and program call and correspondence with the White House.							<b>O</b>	
SPECIFIC DUTY NO. 4							RATING LETTER	
SPECIFIC DUTY NO. 5							RATING LETTER	
SPECIFIC DUTY NO. 6							RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION								
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER	
Form 45 OBSOLETE PREVIOUS EDITIONS			CLASSIFICATION <b>SECRET</b>			055272 22 SEP 1972 3 MAY 1973 K		

## CLASSIFICATION

## SECTION D

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C. If provides best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

In the 8 months during which she was under my supervision, Mrs. Bustos has performed in that same hard-working, highly-productive style which has become her trademark over the years. She understands the intelligence process from start to finish and is personally experienced with each step along the way, save the agent handling aspects. She excels in each phase of the work.

As chief of the Branch SA and Cuban activities section, she has once again demonstrated her mastery over her assigned duties. She is a sound, dependable, yet imaginative and energetic operations officer, whose performance leaves little to be desired. While she had had little previous supervisory experience, she has in this assignment demonstrated exemplary supervisory ability. Notwithstanding her drive, tenacity and attention to detail, she is a popular co-worker, is receptive to guidance and is sensitive to, and responsive to the needs of her subordinates.

In her performance of specific duty No. 2, she has brought to bear upon her daily duties her broad experience, high intelligence and good operational sense, functioning with practically no need of close supervision. It is comforting to know that an assignment given to this employee is always done promptly, professionally and cheerfully.

Her adaptability was demonstrated in her specific duty No. 3. Despite the press of normal daily activity, she was often called upon to produce "crash"

(continued)

## SECTION E

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, C AND D OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

21 May 1973

Clementine J. Swider

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

8

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

21 May 1973

DC/WH/1

Raymond J. Swider

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL The rater has written an accurate and thorough evaluation of Mrs. Bustos. I concur without reservation in the ratings provided subject. She is an exceptional officer. Her ability to perform a variety of assignments in Headquarters and the Field has measured up to an outstanding record. Her work with subordinates clearly indicate she is a good supervisor. Mrs. Bustos performs all facets of her work in an exemplary manner and in my judgement rates in the upper percentile in the A Category.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

21 May 1973

C/WH/1

John C. Murray

CLASSIFICATION  
SECRET

- 2 -

Narrative Comments (continued): (Charlotte Z. Bustos-Videla)

papers for the Branch because of her innate talents and established reliability. She never failed to impress her supervisor with her production, writing ability and energy. Her overall performance is clearly in excess of her grade level.

In terms of true cost and security-consciousness, she must also be considered very strong because she has a positive and aggressive attitude towards these subjects. It is with deep regret that the Branch parts with this employee who now moves up to the Division front office staff.

C-O-N-F-I-D-E-N-T-I-A-L

Covert Action Operations Seminar No. 2-73  
35 hours, full time

Participant : Bustos-Videla, Charlotte      Office : WH  
Year of Birth: 1929      Service Designation: D  
Grade : GS-13      No. of Students : 20  
EOD Date : 08/51

COURSE OBJECTIVES, CONTENT AND METHODS

The objective of the Seminar is to give the participant a familiarization with the major fields of covert action. These are viewed as:



The Seminar includes a discussion of the "political animal" and an analytical look at the political personality.

The technique of instruction is one of talks by Operations Officers experienced in various specific kinds of operation, followed by questions and discussion. Participants are encouraged and expected to ask questions and engage in the discussions, drawing upon and relating their experience to that under discussion. One of the important values to be gained from the Seminar is this exchange of experience.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:



2/21/73  
Date

Chief Instructor

C-O-N-F-I-D-E-N-T-I-A-L

CONFIDENTIAL

TRAINING REPORT

Midcareer Course No. 34

Student : Bustos-Videla, Charlotte Date : 11/5-12/22/72  
Year of Birth: 1929 Office : WH/1  
Grade : 13 Service Designation: D  
No. of Students : 30

COURSE OBJECTIVES -- CONTENT AND METHODS

The Midcareer Course is designed to enable potential executive officers to develop and widen their understanding of management practices, of the Agency and the Intelligence Community, and of the Government's involvement in international affairs.

The Course consists of three major segments of varying lengths. The topics covered through lectures, seminars, group discussions and field trips are:

1. Effective managerial behavior as derived through study of the Managerial Grid.
2. The functions, relationships and problems of various Agency components and of members of the Intelligence Community.
3. Selected elements of national power and current developments in key international affairs.

ACHIEVEMENT RECORD

No evaluation of the student is made during the Course, and no final grade is given upon course completion.

FOR THE DIRECTOR OF TRAINING:

22 DEC 1972

Date

Midcareer Course Chairman

Classified by: 17-1626  
EX-2, APDCI,  
WSISM

CONFIDENTIAL

**SECRET**  
has Pilled In

FITNESS REPORT							EMPLOYEE SERIAL NUMBER 007667		
<b>SECTION A</b>				<b>GENERAL</b>					
(Last) BUATON-Videla, Charlotte Z.			(First)	(Middle)	E. DATE OF BIRTH 12 Jan 29	F. SEX F	G. GRADE GS-13	H. SU D	
G. OFFICIAL POSITION/TITLE <b>Operations Officer</b>				I. OFF/DIV/BR OF ASSIGNMENT DDP/WII/1			J. CURRENT STATION <b>Mexico City</b>		
K. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):				L. CHECK (X) TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL SPECIAL (Specify):			M. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE		
N. DATE REPORT DUE IN G.P. 15 January 1972				O. REPORTING PERIOD (From - To) <b>1 January - 31 July 1972</b>					
<b>SECTION B</b> <span style="float: right;"><b>PERFORMANCE EVALUATION</b></span>									
<b>U-Inadequate</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.								
<b>M-Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.								
<b>P-Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.								
<b>S-Superior</b>	Performance is characterized by exceptional proficiency.								
<b>C-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.								
<b>SPECIFIC DUTIES</b>									
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
SPECIFIC DUTY NO. 1									RATING LETTER O
<b>Prepares operational target studies on PBRUMEN officials and assists in the planning of operations against those targets.</b>									
SPECIFIC DUTY NO. 2									RATING LETTER S
<b>Screens all agent and technical reports dealing with PBRUMEN targets for operational and positive information and puts in retrievable form.</b>									
SPECIFIC DUTY NO. 3									RATING LETTER O
<b>Assists Case Officers in preparation of operational reports by doing all basic research such as tracing and file reviews and presents the results in exploitable form.</b>									
SPECIFIC DUTY NO. 4									RATING LETTER O
<b>Prepares draft intelligence reports from raw agent reports, technical operations and defector debriefings.</b>									
SPECIFIC DUTY NO. 5									RATING LETTER S
<b>GOA/DT&amp;O Project Officer</b>									
SPECIFIC DUTY NO. 6									RATING LETTER S
<b>Management of the PBRUMEN section files.</b>									
12 OCT 1972								RATING LETTER S	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>									
<p>Please take account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, please also letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>									

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relation due to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>In reviewing my previous fitness report and those of my predecessors, on this fine officer, I find myself hard put not to repeat what has been said so often before. She has been the backbone of this section and of those where she has worked previously. Her work has always shown excellent judgement and ingenuity. A self-starter with tremendous drive and discipline, the amount of work she has produced has been prodigious. An excellent team worker, she has never shirked when as so often happens - she is asked to take on additional work or work on a matter outside of her regular field. While forceful, she is diplomatic and tactful and is able to present suggestions and criticisms in a pleasant manner. She is one of the most dedicated persons I have met in the Organization, and exceptionally dependable. While, as a woman and a Specialist, she has had little opportunity to handle agents she has done very well with those we have given her to handle. She has showed great ability in the training of two transcribers and in the debriefing of two female agents and their husbands. This is in large part due to her in-depth knowledge of the targets this section is working on. The past few months have been difficult, requiring the complete reorganization of this Section and the termination of the majority of our assets. Under this stress, she has performed in her usual outstanding manner. Perhaps, even a little better. Her handling of a great deal of file work has been excellent, probably in part because she was the one who set it up and has maintained it in its present very good state.</p>			
(continued)			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
7 Aug 1972	/s/ Charlotte Z. Bustos-Videla		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
7 August 1972	Operations Officer	/s/ John M. Burke	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Without any hesitation I concur with the outstanding ratings above. Subject is now up for rotation and we will miss her immensely. For years she has dedicated her entire time to her job which she has done so well. She has been creative, thorough and accurate. Although she has not had supervisory experience at this station, she has performed in a manner which clearly reflects that she would have no problem with supervising. A truly outstanding employee with growth potential.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
7 Aug 1972	DCOS	/s/ George A. Felt GEORGE A. FELT DEPARTMENT OF DEFENSE	

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**SECRET**

(CONTINUED)

**SECTION C      NARRATIVE COMMENTS**

The one criticism of this Officer's work that I and others have made in the past still stands. She tries to do everything and somethings in this business just don't deserve the attention she gives them.

I have no personal knowledge of her supervisor abilities, but believe she is a natural leader.

SECRET

SECRET

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FITNESS REPORT						EMPLOYEE SERIAL NUMBER 007667			
<b>SECTION A</b>			<b>GENERAL</b>						
1. NAME <b>Bustos-Videla, Charlotte Z.</b>		(Last) <b>Bustos-Videla, Charlotte Z.</b>	(First) <b>Charlotte</b>	(Middle) <b>Z.</b>	2. DATE OF BIRTH <b>12 Jan 29</b>	3. SEX <b>F</b>	4. GRADE <b>GS-13</b>	5. SD <b>D</b>	
6. OFFICIAL POSITION TITLE <b>Operations Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/1</b>			8. CURRENT STATION <b>Mexico City</b>			
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY  <b>CAREER-PROVISIONAL (See Instructions - Section C)</b>			10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify)  <b>SPECIAL (Specify):</b>			11. DATE REPORT DUE IN O.P.  <b>January 1971 - December 1971</b>			
<b>SECTION B</b> <b>PERFORMANCE EVALUATION</b>									
<b>U-Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.								
<b>M-Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.								
<b>P-Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.								
<b>S-Strong</b>	Performance is characterized by exceptional proficiency.								
<b>O-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.								
<b>SPECIFIC DUTIES</b>									
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
SPECIFIC DUTY NO. 1	Prepares operational target studies on PBRUMEN officials and assists in the planning of operations against these targets.								RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2	Screens all raw reports dealing with PBRUMEN targets for operational and positive intelligence.								RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3	Conducts name checks, file reviews, prepares finished memos, cables, and dispatches. Assists Case Officers in preparation of operational reports.								RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4	Prepares draft intelligence reports from raw agent reports, technical operations and defector debriefings.								RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 5	Handles miscellaneous special projects for the Station: screening and routing to all sections daily audio take; operational reporting and project responsibility for COA/D&TO project.								RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>									RATING LETTER <b>S</b>
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particularly fluctuations of talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.									

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Monitors of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be considered if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 27 8 55 AM  
 This supervisor has worked with a variety of Intelligence Assistants. Many were good, but none compared with this Subject. She is the most thorough and fastest working IA I have met. Her capacity for hard work and long hours is prodigious. Her knowledge of operational matters is equal to that of most case officers. She has an operationally creative mind and has made many excellent suggestions for the improvement of the section's work. Additionally, her command of the Spanish language enhances all of the above abilities. This officer has found her very pleasant to work with. She has a unique ability to make constructive criticism in a tactful manner.

If this Subject has a weakness, it was pointed out by the reviewing officer in the last fitness report when he said, "in her voracious appetite for all kinds of facts (she) can at times put undue emphasis on them, including factual minutiae as against equally important but more elusive subjective factors.

Because of her outstanding performance and abilities the Subject will be given some activity handling agent personnel, during the forthcoming year.

The Subject's continued fine performance since her last promotion merits special consideration by the Promotion Board.

**SECTION D****CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

9 December 1971

/s/ Charlotte Z. Bustos-Videla

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

9 December 1971

Ops Officer

/s/ John M. Burke

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the above ratings and comments. Subject performs all the tasks outlined above in a very professional and methodical manner. One does not even sense that the work is going on until the finished product is produced. It is always excellent. We count heavily on her thoughts and ideas in all operational studies and considerations. She is ops oriented and has an excellent bank of information to call on when necessary. She is pleasant and has the respect of her co-workers as well as her supervisors. Her abilities are varied and she can be counted on to perform extremely well regardless of assignment or target. We will be losing this fine officer soon and we will be hard put to find someone who will be able to replace her.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

9 December 1971

Deputy Chief of Station

/s/ George A. Fill

**SECRET**

SECRET  
(Date Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 007667	
<b>SECTION A GENERAL</b>					
1. NAME <b>BUGTOS-VIDELA, CHARLOTTE Z.</b> (Middle)		2. DATE OF BIRTH <b>12 Jan. 29</b>	3. SEX <b>F</b>	4. GRADE <b>GS-13</b>	5. SD <b>D</b>
6. OFFICIAL POSITION TITLE <b>Operations Officer</b>		7. OFF/BU/NR OF ASSIGNMENT <b>DDP/WH/Br 1</b>	8. CURRENT STATION <b>Mexico City</b>		
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - To) <b>1 January - 31 December 1970</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>					
<b>SPECIFIC DUTY NO. 1</b> Prepares operational target studies on PBRUMEN officials of interest and helps in the preparation of operational planning re target personnel.					RATING LETTER <b>O</b>
<b>SPECIFIC DUTY NO. 2</b> Screens the raw reports from technical operations and agents for operationally useful information.					RATING LETTER <b>O</b>
<b>SPECIFIC DUTY NO. 3</b> Provides operational and administrative support for station PBRUMEN activities. This includes name checks, file reviews, preparation of memos, cables and dispatches, and helps in the preparation of project reports, outlines, and renewals.					RATING LETTER <b>O</b>
<b>SPECIFIC DUTY NO. 4</b> Supervises the handling of the station PBRUMEN [ ] and in general [ ] of interest to and from PBRUMEN for our station, Headquarters and other stations.					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 5</b> Helps the station intelligence chief in the preparation of finished intelligence reports from a PBRUMEN [ ] (only part of the reporting period).					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 6</b> Handles miscellaneous special projects for the station in addition to her PBRUMEN duties (examples: organization of station [ ] screening certain raw reports for whole station, preparation of OOA/DIO project renewal).					RATING LETTER <b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
<p>Take into account everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>					
					RATING LETTER <b>O</b>

SECRET

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign-language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject worked most of April 1971 in the station PBRUMEN section. She was clearly outstanding in collating information from all sources during a recent intensified "PBRUMEN" month, determining as a result the overall pattern of the PBRUMEN mission here, spotting operational leads and updating target studies on all PBRUMEN officials as a result. Her final writeup regarding both new information obtained and the gaps that remain was thorough and useful.

Subject is extraordinarily rapid and efficient in researching for info, organizing files and other material and writing up any kind of resulting memo or dispatch. The same might be said perhaps of some other real pros in the IA field. However, in addition, Subject has a good, tough, operations-oriented mind and positively contributes ideas and suggestions re new operational techniques which the station has used profitably. Subject has natural managerial abilities as recently demonstrated in her organizing TDY help in a station-wide file and in connection with [redacted] Her Spanish is more than adequate for reading reports, and handling operational messages in that language. In sum, Subject is a tremendous station asset and would be extremely hard to replace without noting a serious loss in station efficiency.

-continued

**SECTION D****CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

5 March 1971

/s/ Charlotte J. Bustos-Videca

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

5 March 1971

Operations Officer

/s/ John Isaminger

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Although in my opinion there is an excessive use of "outstanding" by the rating officer, I am in accord with his narrative comments. Subject is definitely more than an IA and has performed as such when the station has required an individual with in-depth knowledge of station procedures, operational awareness combined with an ability to prepare studies in a short period of time. She's thorough, concise and rapid. One of our hardest workers and most dependable employees.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

25 March 1971

Deputy Chief of Station

/s/ George A. Fill

SECRET

**SECTION C****NARRATIVE COMMENTS****-continued**

Three rather personalized comments might add meaning to this fitness report. Anyone, particularly a female, fitting the above description of efficiency and achievement can be, and often is a little overbearing and difficult to work with as a person. Subject, withall, is a pleasant personality who knows how to make her contributions and comments in a forthright but tactful manner. Secondly, and this one is a little hard to say, Subject in her voracious appetite for all kinds of facts can at times put undue emphasis on them including factual minutiae as against equally important but more elusive subjective factors. Thirdly, this rating officer has personally observed Subject only working on station premises at an office job, and frankly has no idea how she might function in outside operational work (cultivating people, [redacted]  
[redacted]

~~SECRET / RYBAT~~

MEMORANDUM FOR THE RECORD

*CHARLOTTE BEATRICE VIOLETA*

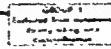
SUBJECT: Overall Outstanding Rating on [REDACTED]:  
Method of Recognition

1. This memo is being written in accordance with paragraph three of Book Dispatch 5273 of 12 April 1966.
2. [REDACTED] was last granted a Quality Step Increase about a year ago in recognition of her very fine performance. It is a little early to repeat that kind of recognition even though it is a most logical and meaningful means to show recognition of her outstanding work.
3. Consideration should be given to an appropriate occasion in the fairly near future to grant another QSI to [REDACTED].

~~SECRET / RYBAT~~

SECRET  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
					007667	
<b>SECTION A</b>						
GENERAL						
1. NAME <b>BustoeVidela</b>	(Last) <b>Charlotte</b>	(First) <b>Z</b>	(Middle)	2. DATE OF BIRTH <b>12 Jan 29</b>	3. SEX <b>F</b>	4. GRADE <b>GS-13</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>			6. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/Branch 1</b>		7. CURRENT STATION <b>Mexico City</b>	
8. CHECK (X) TYPE OF APPOINTMENT			9. CHECK (X) TYPE OF REPORT			
CAREER	RESERVE	TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			X	ANNUAL	REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. <b>28 February 1970</b>			12. REPORTING PERIOD (From to) <b>1 August 1969 - 31 December 1969</b>			
<b>SECTION B</b> PERFORMANCE EVALUATION						
W - Weak	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
A - Adequate	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
P - Proficient	Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
S - Strong	Performance is characterized by exceptional proficiency.					
O - Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Complete reorganization of Station files, including development of new procedures, revision of file categories, consolidation, purging and destruction.						RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 Provides overall guidance to Station and TDY personnel engaged in reorganization of Station files. Supervision of Secretary-Receptionist..						RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 Special assistance to COS/DCOS in revamping the paper flow within the Station and between the Station and other Government agencies.						RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 Preparation of special studies for the COS/DCOS concerning the effectiveness of Station paper handling procedures, personnel economies related thereto and the improvement of Station						RATING LETTER
SPECIFIC DUTY NO. 5 utilization of manpower, space and funds as a result of the reorganization of Station Registry functions and personnel.						RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER <b>S</b>



## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach separate sheet of paper.

In July 1969 Subject was transferred from the Cuba Section to the Station front office to serve as an executive assistant to the COS with special responsibility for ensuring that the paper flow of the Station remained under effective control during the period of transition resulting from the assignment here of several senior officers. This transition period necessitated or gave rise to a number of changes in the management and administrative areas of the Station. Subject's performance in this assignment under these circumstances was clearly outstanding. Her sound judgement, imagination and responsiveness to guidance not only contributed to maintaining the stability and momentum of the Station but also made possible an early effort to come to grips with many of the problems which an inflated Registry and a highly distinctive records system created for the new Station management team.

During the ensuing six month period, Subject has recommended and implemented a number of changes which have produced a more effective and less costly records system. Paper holdings have been reduced substantially, input has been reduced and now conforms to basic CS procedures and requirements. Personnel savings have been effected and supervisory responsibilities more clearly delineated.

To sum up, Subject has made and continues to make a major contribution in a singularly unsensational area of Station activity. Her advice is sought and appreciated not only by the COS and myself, but by other

(CONTINUED)

## SECTION D

## CERTIFICATION AND COMMENTS

## BY EMPLOYEE

I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT

DATE SIGNATURE OF EMPLOYEE

15 January 1970

/s/ Charlotte Bustos-Videla

## 2.

## BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

6 months

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

15 January 1970

DOOS

/s/ Paul V. Harwood

## 3.

## BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL It would be difficult to overstate the contribution made by Subject to this Station during the past six month period, and I concur fully in the ratings and comments of the Rating Officer. I might add that Subject is one of the more versatile, conscientious and productive employees with whom I have worked in this organization, and that in addition to the administrative/management role outlined above, continued to provide valuable operational/analytical assistance to the Cuban and other operational sections of the Station. The initiative and imagination shown by Subject in the very complicated administrative management assignment have been particularly commendable and her complete familiarity with the country, the language, and the background of the Station has been invaluable during this period of change.

DATE TYPED OR PRINTED NAME AND SIGNATURE

15 January 1970

COS

/s/ James B. Noland

SECRET

SECRET/RYBAT

- 2 -

SECTION C

NARRATIVE COMMENTS

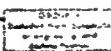
CONTINUED

personnel who appreciate her personal and professional qualities.

Subject is aware that her current assignment is an unusual one and that she soon may have worked herself out of her current job. Since she speaks fluent Spanish, has a unique ability to get along with people and to get things done, there will be no problem in assigning her back into a position more closely supporting operations. Our operations are certain to benefit thereby.

SECRET/RYBAT

(When Filled In)					
FIT SS REPORT				EMPLOYEE SERIAL NUMBER 007667	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>BUSTOSVIDELA, Charlotte Z.</b>		2. DATE OF BIRTH <b>12 Jan 29</b>		3. SEX <b>F</b>	4. GRADE <b>13</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>		6. OFF/ DIV/ BR OF ASSIGNMENT <b>DDP/WH/FF/1</b>		7. CURRENT STATION <b>Mexico City</b>	
8. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER=PROVISIONAL (See Instructions - Section C)		9. CHECK (X) TYPE OF REPORT INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		10. REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P. <b>October 1969</b>		12. REPORTING PERIOD (From - To) <b>March to August 1969.</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).</p>					
<b>SPECIFIC DUTY NO. 1</b> Until she was called to other duties in the front office of the Station, did analysis on PBRUMEN targets of Station interest, collated information and prepared studies. <b>VC40</b>					RATING LETTER <b>O</b>
<b>SPECIFIC DUTY NO. 2</b> Screened the raw product of several technical operations and processed intelligence and operational information in close cooperation with [ ] full time senior [ ] transcribers whom she handled completely.					RATING LETTER <b>O</b>
<b>SPECIFIC DUTY NO. 3</b> Handled the Station :BRUNEN [ ] and [ ] program, and reported [ ] information to COIN Stations and other customers.					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 4</b> Provided operational support (file checks, operational reviews, liaison memoranda, etc.) for various Station activities.					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 5</b> Contributed to the preparation of monthly summaries and project reporting (outlines, renewals, etc.)					RATING LETTER <b>O</b>
<b>SPECIFIC DUTY NO. 6</b> Handled special projects for the Station in addition to her PBRUMEN duties.					RATING LETTER <b>O</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particular limitations or talents. Based on your knowledge, employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement. Item most accurately reflects his level of performance.</p>					RATING LETTER <b>O</b>



**SECRET**

(When Filled In)

<b>SECTION C</b>		<b>NARRATIVE COMMENTS</b>	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Subject's performance continued during the period under review to deserve high praise. Her enormous appetite for work, her attention to detail, her ability to absorb and digest enormous files and complicated cases, her professionalism and devotion to the duties entrusted to her really deserve the rating of outstanding. Subject speaks good Spanish, has considerable initiative, much experience in analytic work and a genuine talent for administrative work.</p> <p>In view of her past performance, her record at the Station and her potential, Subject who was recommended for promotion to the GS-14 level should be promoted as soon as possible.</p>			
<b>SECTION D</b>		<b>CERTIFICATION AND COMMENTS</b>	
1.		BY EMPLOYEE	
		I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT	
DATE	SIGNATURE OF EMPLOYEE		
1 August 1969	Charlotte Z. Bustosvidela (signed)		
2.		BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
1 August 1969	Ops. Officer	(signed)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Subject is indeed an exceptional officer who is highly deserving of the foregoing ratings and related accolades. In her new role as executive assistant to the CUS she has been invaluable during the difficult and complicated transition from the old regime to the new, and the related reorganization of the Station. Her organizational abilities are unsurpassed by anyone known to the undersigned, and she certainly merits consideration for early promotion.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
1 August 1969	Chief of Station	James B. Noland	

**SECRET**

SECRET

(Form Filled In)

Reviewed by SP/PD/EAB

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
				007667		
<b>SECTION A</b>						
<b>GENERAL</b>						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	
Bustos-Videla, Charlotte			12 Jan 1929	F	GS-13 D	
5. OFFICIAL POSITION TITLE			6. OFF/DIV/BR OF ASSIGNMENT	7. CURRENT STATION		
Ops Officer			DDP/WH/1	Mexico City		
8. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			INITIAL	REASSIGNMENT SUPERVISOR		
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT EMPLOYEE		
SPECIAL (Specify)			SPECIAL (Specify)			
11. DATE REPORT DUE IN O.R.			12. REPORTING PERIOD (From - To)			
			January 1968 - March 1969			
<b>SECTION B</b>						
<b>PERFORMANCE EVALUATION</b>						
<u>W - Weak</u>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
<u>A - Adequate</u>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.					
<u>P - Proficient</u>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.					
<u>S - Strong</u>	Performance is characterized by exceptional proficiency.					
<u>O - Outstanding</u>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
<b>SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1	Handles Station PBRUNEN [ ] and [ ] program and reports information to WOFIRM stations and other customers					RATING LETTER
						S
SPECIFIC DUTY NO. 2	Screens the raw product of several [ ] operations and processes intelligence and operational information in close cooperation with two full time senior transcribers whom she handles completely					RATING LETTER
						O
SPECIFIC DUTY NO. 3	Does analysis on targets of Station interest, collates information and prepares studies					RATING LETTER
						O
SPECIFIC DUTY NO. 4	Contributes to the preparation of monthly summaries and project reporting (outlines, renewals, etc.)					RATING LETTER
						O
SPECIFIC DUTY NO. 5	Provides operational support (file, checks, operational reviews, liaison memoranda, etc. for various Station activities					RATING LETTER
						S
SPECIFIC DUTY NO. 6						RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, responsibility, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						O

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If space is needed to complete Section C attach a separate sheet of paper.

Subject's performance during the period of over one year under review continued to deserve the rating of Outstanding. Her major contributions during that period were in the fields of operational research and exploitation of information obtained through technical means. She was, during this period, given full responsibility for the handling of two full time senior transcribers including administrative matters. In view of the difficulty of recruiting target personnel the task of fully exploiting information obtained from technical sources is of great importance. Subject handled this task with her usual enormous capability for work, displaying initiative and great professionalism. She continued, in addition, to handle the other tasks listed in this report together with sensitive reporting sent by a separate channel, altogether a much heavier workload than is usually carried by one person. She was helped in this by her good knowledge of Spanish, a talent for administrative work, considerable analytic experience and great devotion to her work. Subject should be considered for promotion to the grade of GS-14 at the first opportune moment.

**SECTION D****CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

3 April 69

Charlotte Bustos-Yidela /s/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

19 months

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

3 April 69

Ops Officer

/s/

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The reviewing officer fully agrees with the ratings and comments of the rating officer. Subject consistently performs her duties in an outstanding manner, bringing to her job truly exceptional qualities of intelligence, reliability, and good humor. She is one of the most valuable employees in the Station, and the recommendation for her promotion from GS-13 to GS-14 is fully and enthusiastically endorsed.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

3 April 69

COS,

Winston Scott /s/

**SECRET**

14 00000

S-E-C-R-E-T

## TRAINING REPORT

Soviet Bloc Operations Course No. 3      5 - 16 June 1967  
80 hours, full time

**Student : BUSTOS-VIDELA, Charlotte      Office : DDP/WH**  
**Year of Birth: 1929      Service Designation: D**  
**Grade : GS-13      No. of Students : 34**  
**EOD Date : August, 1951**

COURSE OBJECTIVES

To orient the student on the special nature of the Clandestine Services' Soviet Bloc target and to train him in the application of clandestine methods for collecting information on, assessing, and preparing recruitment operations against Soviet Bloc personalities.

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is made of individual performance in the course.

## FOR THE DIRECTOR OF TRAINING:

*J. L. C.*  
Date

Instructor, OTR

S-E-C-R-E-T

SECRET

<b>FITNESS REPORT</b>				<b>EMPLOYEE SERIAL NUMBER</b>
				007G67
<b>SECTION A</b>				
<b>GENERAL</b>				
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX
Bustos-Videla, Charlotte			12 Jan 1929	F
4. GRADE			5. SD	
GS-13			D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/GR OF ASSIGNMENT	8. CURRENT STATION
Ops Officer			DDP/WH/1	Mexico City
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT	
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			INITIAL	REASSIGNMENT SUPERVISOR
CAREER-PROVISIONAL (See Instructions - Section C)			XXX ANNUAL	REASSIGNMENT EMPLOYEE
SPECIAL (Specify)			SPECIAL (Specify)	
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)	
29 February 1968			August 1967 through January 1968	
<b>SECTION B</b>				
<b>PERFORMANCE EVALUATION</b>				
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
<b>SPECIFIC DUTIES</b>				
<p>List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p>				
SPECIFIC DUTY NO. 1 Handles Station PBRUMEN program (maintains a [ ] screens [ ] documents and reports [ ] information to WOFIRM stations and other interested customers).				RATING LETTER S
SPECIFIC DUTY NO. 2 Screens the raw product of technical operations and processes the intelligence and operational information.				RATING LETTER O
SPECIFIC DUTY NO. 3 Does analysis on targets of Station interest, pulling documents together, collating information and preparing studies.				RATING LETTER O
SPECIFIC DUTY NO. 4 Helps with the preparation of monthly summaries and project reporting (outlines, renewals etc.).				RATING LETTER O
SPECIFIC DUTY NO. 5 Provides operational support (file checks, operational reviews, liaison memoranda etc.) for various Station activities.				RATING LETTER S
SPECIFIC DUTY NO. 6				RATING LETTER O
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>				
<p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p> <p>Reviewed by [Signature]</p>				RATING LETTER O

SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestion made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Since her arrival at this Station, Subject's performance has truly been outstanding. She has, on her own initiative, reorganized many of the operational files and procedures of the PBRUMEN Section. She has made particularly useful exhaustive analyses of the documents concerning a number of Station targets not only per request of this Station but also on her own initiative. She has revamped the Section's [ ] program, curtailing the [ ] to more manageable size and expediting the reporting of [ ] information to the many customers for such information. Her thorough review of the take of several technical operations has increased their usefulness as well as emphasized their weaknesses.

Subject's natural born typist, her memory, her general talent for administration, her initiative, sharp analytic mind and good knowledge of Spanish have greatly facilitated the operation of the PBRUMEN Section of this Station at a time of almost complete personnel change. She has not been directly involved with the actual running of operations both because she appears much better suited for the support type work intrusted to her and because she frankly would not have the time under present circumstances to do so. Subject is carrying the workload usually handled by more than one person.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

16 Jan. 1968

/s/ Charlotte Bustos-Videla

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

5 months

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

16 Jan. 1968

Ops Officer

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The Reviewing Officer fully concurs in the evaluation of Subject by the Rating Officer. Subject consistently turns in a superior performance, whatever her task, and for a Station Chief the only problem she presents is to determine where best to assign her. She is a source of strength to her Section, has the knack of making herself irreplaceable.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

17 January 1968

Chief of Station

SECRET

SECRET  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 007667
<b>SECTION A</b>					
<b>GENERAL</b>					
1. NAME <b>Bustosvidula, C.Z.</b>			2. DATE OF BIRTH <b>Jan 1929</b>	3. SEX <b>F</b>	4. GRADE <b>GS-13</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>			6. OFF/DIV/DR OF ASSIGNMENT <b>DDP/WH/1</b>	7. CURRENT STATION <b>HQS</b>	
8. CHECK (X) TYPE OF APPOINTMENT <b>XX</b> CAREER    RESERVE    TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			9. CHECK (X) TYPE OF REPORT <b>XX</b> INITIAL    ANNUAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE SPECIAL (Specify):		
10. DATE REPORT DUE IN O.P. <b>31 Jan 67</b>			11. REPORTING PERIOD (From To) <b>1/66 - 12/66</b>		
<b>SECTION B</b> PERFORMANCE EVALUATION					
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.				
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.				
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.				
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.				
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.				
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
<b>SPECIFIC DUTY NO. 1</b> Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review.					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 2</b> Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding.					RATING LETTER <b>O</b>
<b>SPECIFIC DUTY NO. 3</b> Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly FI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico.					RATING LETTER <b>O</b>
<b>SPECIFIC DUTY NO. 4</b> Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files.					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 5</b> Branch records officer.					RATING LETTER <b>S</b>
<b>SPECIFIC DUTY NO. 6</b>					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Total into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					
					RATING LETTER <b>S</b>

## OFFICE OF PERSONNEL

SECRET

(When Filled In)

## SECTION C

NARRATIVE COMMENTS FEB 16 10-33 AM 1967

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has continued to perform during the period under review in the same highly competent manner which all who know her have come to expect of her. She continues to put forth her best efforts at all times. She is particularly to be commended for the manner in which she cheerfully accepts onerous tasks, usually with very short deadlines, and invariably comes up with a thoroughly prepared answer within the time allotted. She is efficient, she is fully knowledgeable and capable in her job, she has a friendly, warm, and pleasant personality, and is always ready to respond to her fellow workers with a helping hand. She has no supervisory responsibility per se, but is frequently called upon for guidance to new secretaries and case officers alike and is of real help in such cases. Subject is one of the strongest Headquarters case officers known to rater, and her overall performance certainly borders very closely on being evaluated Outstanding.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

18

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

30 January 1967

DC/WH/1

*J.H.V. Fisher*

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An outstanding officer recognized as such and appreciated by all.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
31 January 1967	C/WH/1	<i>W.J. Kaufman</i>

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER
				007667
<b>SECTION A</b>				
1. NAME (Last) (First) (Middle)			GENERAL	
BUSTOSVIDELA, C. Z.			2. DATE OF BIRTH	3. SEX
6. OFFICIAL POSITION TITLE Ops Officer			12 Jan 29	F
7. OFF/DIV/BR OF ASSIGNMENT DUP/WH/1			4. GRADE	5. SD
			GS-12	D
9. CHECK (X) TYPE OF APPOINTMENT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			10. CHECK (X) TYPE OF REPORT	
<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify): _____			INITIAL      REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.				
12. REPORTING PERIOD (From- to) 1 January - 31 December 1965				
<b>SECTION B</b>				
<b>PERFORMANCE EVALUATION</b>				
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>				
<b>SPECIFIC DUTIES</b>				
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).				
SPECIFIC DUTY NO. 1 Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review.				RATING LETTER O
SPECIFIC DUTY NO. 2 Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding.				RATING LETTER O
SPECIFIC DUTY NO. 3 Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly FI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico.				RATING LETTER S
SPECIFIC DUTY NO. 4 Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files.				RATING LETTER S
SPECIFIC DUTY NO. 5 Branch records officer.				RATING LETTER S
SPECIFIC DUTY NO. 6				RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>				
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.				
25 JAN 1965				RATING LETTER O

SECRET

(When Filled In)

SECTION C	NARRATIVE COMMENTS	OFFICE OF PERSONNEL
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties</u> <i>(if applicable)</i></p> <p style="text-align: right;">JAN 25 12 33 PM '66</p> <p>Subject continues to render a superior performance. She is efficient, thoroughly knowledgeable, rapid in her work, well organized, and greatly facilitates the smooth functioning of the office. The quality of Subject's work has been recognized fully in previous fitness reports and in previous recommendations for promotion from GS-12 to 13. This high quality of work has continued throughout the period of this fitness report and Subject continues to merit promotion.</p>		
SECTION D	CERTIFICATION AND COMMENTS	
1.	BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE <i>20 Jan 1966</i>	SIGNATURE OF EMPLOYEE <i>J. H. V. Fisher</i>	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION FOUR	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE <i>20 Jan. 1966</i>	OFFICIAL TITLE OF SUPERVISOR <i>DC/WH/1</i>	TYPED OR PRINTED NAME AND SIGNATURE <i>J. H. V. Fisher</i>
3.	BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL		
<p>Reviewing Officer agrees with above report and endorses Subject's fitness for promotion.</p>		
DATE <i>24 Jan 1966</i>	OFFICIAL TITLE OF REVIEWING OFFICIAL <i>C/WH/1</i>	TYPED OR PRINTED NAME AND SIGNATURE <i>W. J. Kaufman</i>

SECRET

SECRET  
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER											
<b>SECTION A</b>					<b>GENERAL</b>											
1. NAME (Last) <u>Buntos-Videla</u> , (First) <u>Charlotte</u> (Middle) <u>S.</u>		2. DATE OF BIRTH <u>12 Jan 1929</u>		3. SEX <u>F</u>	4. GRADE <u>GS-12</u>	5. SD <u>D</u>										
6. OFFICIAL POSITION TITLE <u>Ops Officer</u>		7. OFFICE/DIVISION OF ASSIGNMENT <u>DOP/AM/1</u>		8. CURRENT STATION <u>H.S.</u>												
9. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):					10. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):											
11. DATE REPORT DUE IN O.P. <u>31 January 1965</u>					12. REPORTING PERIOD (From To) <u>1 January 1964 - 31 December 1964</u>											
<b>SECTION B</b>					<b>PERFORMANCE EVALUATION</b>											
<table border="0"> <tr> <td><b>W - Weak</b></td> <td>Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</td> </tr> <tr> <td><b>A - Adequate</b></td> <td>Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</td> </tr> <tr> <td><b>P - Proficient</b></td> <td>Performance is more than satisfactory. Desired results are being produced in a proficient manner.</td> </tr> <tr> <td><b>S - Strong</b></td> <td>Performance is characterized by exceptional proficiency.</td> </tr> <tr> <td><b>O - Outstanding</b></td> <td>Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</td> </tr> </table>							<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.	<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.	<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.	<b>S - Strong</b>	Performance is characterized by exceptional proficiency.	<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.															
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.															
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.															
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.															
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.															
<b>SPECIFIC DUTIES</b>																
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).																
SPECIFIC DUTY NO. 1		Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical support, requirements, guidance, reviews.			RATING LETTER <u>O</u>											
SPECIFIC DUTY NO. 2		Handle all matters concerning the agents belonging to these projects, including field agents, Contract, Career and Staff Agents. This includes OA/CSA's, contracts, training, PCS arrangements, cover, funding.			RATING LETTER <u>O</u>											
SPECIFIC DUTY NO. 3		Prepare, or help prepare, miscellaneous memoranda and studies, such as monthly FI achievements, Operational Program, responses to requests from the Senior Staffs on operations and on Mexico itself.			RATING LETTER <u>O</u>											
SPECIFIC DUTY NO. 4		Supervise one Intelligence Assistant in the maintenance of a desk tickler system and the agent and subject 201 files at the desk.			RATING LETTER <u>O</u>											
SPECIFIC DUTY NO. 5		Records Officer			RATING LETTER <u>S</u>											
SPECIFIC DUTY NO. 6					RATING LETTER											
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>																
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.																
<u>23 MAR 1965</u>																
RATING LETTER <u>O</u>																

**SECRET**

(When Filled In)

**SECTION C****NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial & supervisory duties must be described, if applicable.

This exceptionally competent and productive officer continued to perform at a level well above that of the GS-13 slot she occupies. While a good deal of her tremendous effectiveness stems from experience, continuity on the job and her natural retentive memory, during the period under review she also demonstrated a flair for, and applied her talents to, the solution of relatively major and complex planning and managerial problems in the area of operational support to Mexico Station activities.

To the list of her previously abundantly acknowledged capacity for hard, effective work, talent for training on the job younger officers, diligence, and versatile ability, this rater would like to add a note of appreciation for her everpresent tactfulness and discretion. No weaknesses affecting her present assignment have been noted; she is very careful and realistic in planning for expenditure of funds.

This officer is separately being recommended for promotion to GS-13.

WH will review this fitness report with others during a special meeting scheduled periodically to consider suitable recommendation for outstanding performance.

**SECTION D****CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 17 JULY 1965	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDERR MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 8-17-65	OFFICIAL TITLE OF SUPERVISOR DC/WH/1	TYPED OR PRINTED NAME AND SIGNATURE Alfonso Spera
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <i>Conan</i>		
DATE 8-17-65	OFFICIAL TITLE OF REVIEWING OFFICIAL C/BWU/1	TYPED OR PRINTED NAME AND SIGNATURE R. J. Kaufman

**SECRET**

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER				
				007667				
<b>SECTION A</b>								
<b>GENERAL</b>								
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD		
BUSTOS-VIBELA, Charlotte Z.			12 Jan 1929	F	US-12	D		
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION				
Operations Officer			DDP WH 3	Headquarters				
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT					
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	INITIAL	REASSIGNMENT SUPERVISOR				
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT EMPLOYEE				
SPECIAL (Specify)			SPECIAL (Specify)					
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- To)					
31 January 1964			1 January 1963 - 31 December 1963					
<b>SECTION B</b>								
<b>PERFORMANCE EVALUATION</b>								
<u>W - Weak</u>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.							
<u>A - Adequate</u>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.							
<u>P - Proficient</u>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.							
<u>S - Strong</u>	Performance is characterized by exceptional proficiency.							
<u>O - Outstanding</u>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
<b>SPECIFIC DUTIES</b>								
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).								
SPECIFIC DUTY NO. 1	Handle Project action, operational correspondence, support for [ ] MI and OPs Support type projects, effecting proper coordination with senior staffs, other divisions, and offices.					RATING LETTER	B	
SPECIFIC DUTY NO. 2	Handle clearance actions, contracts, and administrative matters for agents falling under these projects, and for the entire desk in the absence of the Intell Analyst.					RATING LETTER	O	
SPECIFIC DUTY NO. 3	Prepare miscellaneous memoranda, budgets, and reports requested by Senior Staffs and Division officers from the Mexican desk on Mexican matters in general.					RATING LETTER	S	
SPECIFIC DUTY NO. 4	Supervise the clerical and administrative personnel on the desk (averaging 4) and in general see to the smooth functioning of the desk and the flow of paper.					RATING LETTER	O	
SPECIFIC DUTY NO. 5	Records Officer for WH/3/M					RATING LETTER	O	
SPECIFIC DUTY NO. 6	Assume the responsibilities of C/MH/3/M when the Chief of the desk is absent, signing dispatches and cables, coordinating, and supervising [ ] Reports Officers and [ ] Case Officers.					RATING LETTER	P	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>								
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER	O
14 FEB 1964								

**SECRET**

(When Filled In)

<b>SECTION C</b>		<b>NARRATIVE COMMENTS</b>	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>Subject's performance during the rating period has been marked by general excellence. As indicated in Section B her supervision and direction of the Section's work relating to intel support, administration, preparation of special reports, training personnel, etc. is uniformly outstanding. The fact that these functions are handled in addition to her duties as the desk officer for the FI and Ops Support projects, which she performs with unusual competence, serves to illustrate her value to this Section. She has an exceptional ability independently to determine proper courses of action and to initiate action to carry them out. She has a profound understanding of the area operational program and contributions to it are imaginative and constructive.</p> <p>In the opinion of the rater Subject's performance compares favorably with any GS-13 desk officer within his experience and she performs occasionally at the GS-14 level. Moreover, she carries out her duties cheerfully, loyally and in close and amicable cooperation with her fellow employees at all levels.</p> <p>In those aspects of her duties which involve cost e.g. the review of operational projects, she has given close attention to the budgetary matters and has frequently suggested ways in which economies in the operations might be effected.</p>			
<b>SECTION D</b>		<b>CERTIFICATION AND COMMENTS</b>	
<p>1. <b>BY EMPLOYEE</b> I CERTIFY THAT I HAVE READ SECTIONS A, B, AND C OF THIS REPORT DATE SIGNATURE OF EMPLOYEE 28 January 1964 <i>Alvarado J. Vazquez-Pedraza</i></p> <p>2. <b>BY SUPERVISOR</b> MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE 1-2-64 C/MH/3/Mexico <i>Bernard E. Reichhardt</i> <i>Bernard Reichhardt</i></p> <p>3. <b>BY REVIEWING OFFICIAL</b> COMMENTS OF REVIEWING OFFICIAL</p> <p>I concur in the high rating given this employee. She is undoubtedly the ablest employee in this branch in the performance of her particular job.</p> <p>DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE 29 Jan 1964 C/MH/3 <i>John N. Shattock</i></p>			

**SECRET**

(When filled in)

## REPORT ON PERSONAL AND PREDICTIVE AND EXPERIENCE

John Doe (Name) Office Sex 27 September 1948 (Date of Testing)

The category checked below is an interpretation of the scores made by the person named above on a battery of foreign language aptitude tests. The relationships between test performance and subsequent training performance of trainees in Agency language training courses are indicated by the graphs next to the aptitude categories. The graphs to the left are for women and the graphs to the right are for men. From these graphs you can read for each aptitude category the probability that a person in that category will perform in an Agency foreign language training course at an average or better-than-average level. For example, 22 per cent of the women who obtain an aptitude rating of "B" can be expected to be average or better in course performance, while 5 per cent of the men with ratings of "B" can be expected to be average or better in course performance. A man needs an aptitude rating of "G" to have about the same expectation of success in language training as a woman with a rating of "B". At the other end of the scale, 10 per cent of either men or women who obtain aptitude ratings of "Z" can be expected to do average or better-than-average work in training. The differences in relationship are due to differences between men and women in both training performance and test scores. On the average women are somewhat higher on both.

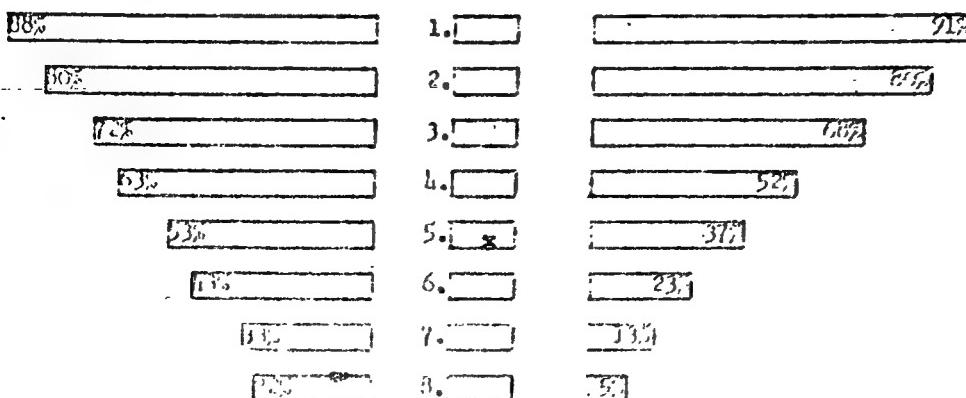
Percent of Women Whose Language Training Performance Is Expected to Be Average or Better than Average

100	80	60	40	20	0
-----	----	----	----	----	---

Aptitude Category

Percent of Men Whose Language Training Performance Is Expected to Be Average or Better than Average

0	20	40	60	80	100
---	----	----	----	----	-----



Since many things other than aptitudes enter into the determination of training course performance, in any class of students there will usually be some whose performance will be better than would be expected from their test scores, just as there will likely be some whose performance is poorer than expected. INTEREST, WORK PERSISTENCE, IN A FOREIGN LANGUAGE, and other factors should be considered in selecting people for language training and in interpreting language training results. For example, the number of languages previously studied or learned and the amount of academic and non-academic language-learning experience are factors not measured by the tests but are indicative of probable success in learning a foreign language. Whether such experience was in the same language as the one to be studied or in a different one is, of course, an additional relevant factor.

3 foreign languages have been studied or learned by this individual.

Months of Academic Training  
High School College Other

Non-academic Experience (1 year or more)  
Reading or Writing Speaking

18

54

32

no

no

This report may be shown to the individual concerned.

by JOHN A. RUMMEL

S E C R E T

## TRAINING REPORT

RECORDS OFFICERS COURSE30 April - 4 May 1962

Student : Charlotte Z. Bustos-Vidal Office : WH/3  
Year of Birth: 1929 Service Designation: D  
Grade: GS-12 Number of Students: 34  
EOD Date : Aug 1951

## COURSE OBJECTIVES - CONTENT AND METHODS

This course, designed for present and prospective Records Officers, has four principal objectives.

1. To give an appreciation for the Agency's CS mission.
2. To describe the role that records play in the discharge by the Agency of the responsibilities inherent in the mission.
3. To emphasize the importance of records and proper records management in the successful performance of the stated mission.
4. To increase awareness of the inter-relationships between the CS mission and records; to sharpen judgement in the handling and disposition of records; and to improve performance of Records Officers.

The student is instructed through the media of lectures, directed reading, practical exercises and discussions.

## ACHIEVEMENT RECORD

This is a certificate of attendance only; no attempt was made to evaluate student achievement in the course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

24 July 1962

Date

S E C R E T

SECRET  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 607667			
<b>SECTION A</b>							
<b>GENERAL</b>							
1. NAME <b>Bustos-Videla, Charlotte</b>	2. DATE OF BIRTH <b>12 Jan 29</b>	3. SEX <b>F</b>	4. GRADE <b>GS-12</b>	5. SD <b>D</b>			
6. OFFICIAL POSITION TITLE <b>OPS OFFICER</b>	7. OFF/DIV/BR OF ASSIGNMENT <b>DDP WH 3</b>	8. CURRENT STATION <b>11</b>					
9. CHECK (X) TYPE OF APPOINTMENT <b>CAREER RESERVE TEMPORARY</b>				10. CHECK (X) TYPE OF REPORT <b>INITIAL ANNUAL SPECIAL (Specify):</b>			
CAREER-PROVISIONAL (See Instructions - Section C)				REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):							
11. DATE REPORT DUE IN O.P. <b>31 January 1963</b>				12. REPORTING PERIOD (From To) <b>1 Jan - 30 Dec 62</b>			
<b>SECTION B</b>							
<b>PERFORMANCE EVALUATION</b>							
<b>W - Weak</b>	Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
<b>A - Adequate</b>	Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.						
<b>P - Proficient</b>	Performance is more than satisfactory. Desired results are being produced in a proficient manner.						
<b>S - Strong</b>	Performance is characterized by exceptional proficiency.						
<b>O - Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Supervises office staff of Mexico Desk in preparing correspondence, keeping files, carding, and training new personnel.							RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 Desk Intelligence officer for important [redacted] and FI operations in Mexico, processing projects, handling operational correspondence, conducting liaison with other divisions.							RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3 Routing cables, dispatches for the entire Desk, supervising distribution of work.							RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4 Personally handling large number of clearances, project approvals, cable coordinations, and official negotiations on matters touching all aspects of the Desk's work.							RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 5 Preparation of budget, special papers, surveys, and briefings.							RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							
18 FEB 1963							RATING LETTER <b>O</b>

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>This officer is the person chiefly responsible for the Mexico Desk's deserved reputation for excellence and efficiency. The complicated and never-ending tasks of project processing, clearances, tracing, and coordination are handled by her with blinding speed and unerring perfection. Procedural problems are there to be solved, and the solutions come with amazing rapidity. Operational problems are worked out thoroughly and conscientiously. No corners are cut and no principles are compromised.</p> <p>Never at a loss for an answer, this officer never shrinks from any assignment and instinctively wants to take over any vexing problem which is holding up progress. She is complete mistress of file and record resources and answers all queries within minutes. The most complex budgetary and planning projects are handled by her with deceptive ease.</p> <p>These qualities of rare efficiency and speed are coupled with an even rarer degree of amiability and cooperativeness. The work which proceeds under her at such a break-neck pace nonetheless goes on in an air of placidity and good humor. The large office staff is run without a trace of tension, jealousy, or friction. All of this is traceable to this officer's fine example and catalytic effect on her colleagues.</p> <p>Finely-educated, handling the Spanish language with fluency, and keeping up with current events in her area, this officer is a unique asset to our organization.</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
26 February 1963	(Signature) John. M. Whitten		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
26 February 1963	e/WH/3/MEXICO	(Signature) John. M. Whitten	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
26 February 1963	AC/WH/3	(Signature) Forrest Shivers	

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER ROCCO CSPD 607617						
<b>GENERAL</b>										
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX AGE						
BUSTOS-VIDELA Charlotte Z		12 January 1929		Female 12						
4. SERVICE DESIGNATION		5. OFFICIAL POSITION TITLE		6. OFF/DIV/GR OF ASSIGNMENT						
D		Operations Officer		DDP/MI/3/D. C.						
7. CAREER STAFF STATUS			8. TYPE OF REPORT							
NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR						
PENDING	DECLINED	DENIED	X ANNUAL	REASSIGNMENT/EMPLOYEE						
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)						
From 31 January 1962		To 1 Jan 61 - 31 Dec 61								
<b>EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>										
<p>List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).</p>										
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable						
4 - Competent		5 - Excellent		6 - Superior						
7 - Outstanding										
SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on [ ] support type projects for Mexico City and Monterrey			RATING NO.	SPECIFIC DUTY NO. 4 Assist the Chief of the desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work, [ ] routing of pouches and cables, supervision of clerical staff of 4.			RATING NO.			
SPECIFIC DUTY NO. 2 Handle miscellaneous admin and support matters (requests for technical, studies, training guides, etc) for Mexico and Monterrey			RATING NO.	SPECIFIC DUTY NO. 5 [ ] routing of pouches and cables, supervision of clerical staff of 4.			RATING NO.			
SPECIFIC DUTY NO. 3 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with [ ] on its anti field records problems			RATING NO.	SPECIFIC DUTY NO. 6 [ ]			RATING NO.			
<b>EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>										
<p>Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.</p>										
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. 6				
<b>DESCRIPTION OF THE EMPLOYEE</b>										
<p>In the rating boxes below, check (X) the degree to which each characteristic applies to the employee</p>										
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree				
5 - Outstanding degree										
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING				
						1	2	3	4	5
GETS THINGS DONE						X				
RESOURCEFUL						X				
ACCEPTS RESPONSIBILITIES						X				
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X				
DOES HIS JOB WITHOUT STRONG SUPPORT						X				
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X				
WRITES EFFECTIVELY						X				
SECURITY CONSCIOUS						X				
THINKS CLEARLY						X				
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X				
OTHER (Specify)						X				

SEE SECTION "E" ON REVERSE SIDE

**SECRET**

(When Filled In)

**SECTION E****NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify, or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

FEB 12 11 43 AM '62

This outstanding employee has maintained the high standard of performance set forth in the report of this supervisor [illegible]. Where possible, she has exceeded her earlier performance record. During the past year this office acquired considerable new personnel, which Subject trained in a highly capable manner to guarantee the smooth-functioning of the office. The undersigned hopes this employee will continue to serve this organization indefinitely notwithstanding her marriage during the past year.

**SECTION F****CERTIFICATION AND COMMENTS**

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

23 January 1962

SIGNATURE OF EMPLOYEE

Charlotte J. Parker-Videla

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

24

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

3.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

23 JANUARY 1962

OFFICIAL TITLE OF SUPERVISOR

Chief of Desk

TYPED OR PRINTED NAME AND SIGNATURE

John G. Nejm

John G. Nejm

4.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

6 MAR 1962

CHIEF

Fred F. Johnson

**SECRET**

SECRET  
(When Filled In)

<b>FITNESS REPORT</b>						EMPLOYEE SERIAL NUMBER
<b>SECTION A GENERAL</b>						
1. NAME (Last) <b>Zehrung</b>	MIDDLE <b>Charlotte</b>	2. DATE OF BIRTH <b>12 Jan. 1929</b>	3. SEX <b>Female</b>	4. GRADE <b>GS-12</b>		
5. SERVICE DESIGNATION <b>DI</b>	6. OFFICIAL POSITION TITLE <b>Ops Officer</b>	7. OFF/DIV/BR OF ASSIGNMENT <b>DDPAH/3/Mex/DC</b>				
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
<input checked="" type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR		
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P. <b>31 January 1961</b>		11. REPORTING PERIOD <b>From 30 Sep 59 - 31 Dec 60</b>		SPECIAL (Specify)		
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on <input type="checkbox"/> support-type projects for Mexico City and Monterrey		RATING NO. <b>7</b>	SPECIFIC DUTY NO. 2 Assist the Chief of the Desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work, routing of pouches and cables, supervision of clerical staff of 4.		RATING NO. <b>6</b>	
SPECIFIC DUTY NO. 3 Handle miscellaneous admin and support matters (requests for tech equip., studies, training guides, etc) for Mexico and Monterrey		RATING NO. <b>7</b>			RATING NO.	
SPECIFIC DUTY NO. 4 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with RTO on HQs and field records problems.		RATING NO. <b>6</b>	SPECIFIC DUTY NO. 5		RATING NO.	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						RATING NO. <b>6</b>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS				NOT APPL-CABLE	NOT OBSERVED	RATING
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES						X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT						X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X
WRITES EFFECTIVELY						X
SECURITY CONSCIOUS						X
THINKS CLEARLY						X
DISCIPLINED IN ORGANIZING, MAINTAINING AND DISPOSING OF RECORDS						X
OTHER (Specify):						
SEE SECTION E FOR INSTRUCTIONS						

SECRET  
(When Filled In)

## OFFICE OF PERSONNEL

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

## MAIL ROOM

This is a truly outstanding employee with capabilities far beyond those required for her present position. She has an unusually keen mind, makes decisions that are correct without hesitation and carries out all actions promptly and efficiently. She is the supervisor of the office staff, who respect and admire her ability. In addition to her skill, she is possessed of a most pleasing disposition which ingratiates her with the other members of the staff. The years of experience she has had at the various jobs to be done at a country desk make her invaluable as a trainer and supervisor for new personnel. Her knowledge of Spanish has also been especially helpful at the Mexican Desk. This supervisor would be most pleased to have her serve with him on any future assignment.

## SECTION F

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

31 December 1960

SIGNATURE OF EMPLOYEE

*John G. Heyn*

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

12

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

3.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

31 December 1960

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

Dock Chief, US/3/Mexico

John G. Heyn

*John G. Heyn*

BY REVIEWING OFFICIAL

4.

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.  
 I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.  
 I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.  
 I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

5 Jan 1961

Chairman

*John G. Heyn*

SECRET

SECRET  
(When Filled In)141850  
mvt  
not good

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A</b>				<b>GENERAL</b>	
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE
ZEHRUNG, Charlotte		12 Jan. 1929		Female	GS-11
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/GR OF ASSIGNMENT	
DI		I.O. (PI)		DDP/MH/III/Max/DC	
8. CAREER STAFF STATUS		9. TYPE OF REPORT			
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	<input type="checkbox"/> DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		12. SPECIAL (Specify)	
31 October 1959		31 May 59 To 30 Sep 59			
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior
SPECIFIC DUTY NO. 1	RATING NO.	SPECIFIC DUTY NO. 4	RATING NO.		
Responsible C/S to Officer for several RI and CE/CI Projects	5/6	Consults and coordinates with various legs on report to the Station's Station's Projects and actions	6		
SPECIFIC DUTY NO. 2	RATING NO.	SPECIFIC DUTY NO. 5	RATING NO.		
Handles large volume of correspondence with Station in support of Operations	6/7	Prep res, reviews and coordinates memoranda	6		
SPECIFIC DUTY NO. 3	RATING NO.	SPECIFIC DUTY NO. 6	RATING NO.		
Supervised maintenance of task records and project files	6/7				
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO.
5/6					
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS		NOT APPL-CABLE	NOT DEPENDABLE	RATING	
GETS THINGS DONE				1	2
RESOURCEFUL				3	4
ACCEPTS RESPONSIBILITIES				5	
CAN MAKE DECISIONS ON HIS OWN BUT NEED ADVICE					
GIVES HIS JOB WITHOUT PROFOUND SUPPORT					
FACILITATES SMOOTH OPERATION OF HIS OFFICE					
WRITES EFFECTIVELY					
SECURITY CONCERNED					
THINKS CLEARLY					
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					
OTHER (Specify)					
300 AFM FORM 74-10 RELEASE DATE					

~~SECRET~~

OFFICE

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Enclose suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTION B, C, and D to provide the best basis for determining future personnel actions.

240 PH 159

## MAIL ROOM

Please see previous fitness report. This employee was rated four months ago. There is no change in the rating; she has continued to give an outstanding performance.

## SECTION F

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

DATE

I certify that I have seen Sections A, B, C, D and E of this Report.

SIGNATURE OF EMPLOYEE

Robert J. DeLaney  
11-10-64

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN  
UNDER MY SUPERVISION

26 months

IF THIS REPORT HAS NOT BEEN GIVEN TO EMPLOYEE, GIVE EXPLANATION

DATE

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON

EMPLOYEE UNDER MY SUPERVISION LESS THAN 30 DAYS

REPORT MADE WITHIN LAST 30 DAYS

OTHER (SPECIFY)

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

DATE

12 Oct 1964

C/I/I/III/Mexico

J. F. DeLaney  
John F. DeLaney

3.

BY REVIEWING OFFICIAL

I COULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I COULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUPPOSED TO COMPARE WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

12/10/64

Robert J. DeLaney

Robert J. DeLaney, Tech

~~SECRET~~

SECRET  
(When Filled In)

12 JULY 1959

ab

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	
ZEHUNG, Charlotte L.		12 Jan 1929		F	11	
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		
DI		I.O. (PI)		DDP/WI/III/Mexico/DC		
8. CAREER STAFF STATUS			9. TYPE OF REPORT			
NOT ELIGIBLE	X MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR		
PENDING	DECLINED	DENIED	X ANNUAL	REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN D.P.		11. REPORTING PERIOD			SPECIAL (Specify)	
28 August 1958		From 28 August 1957 To 31 May 59				
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	
SPECIFIC DUTY NO. 1 Responsible Case Officer for several SI and CE/CII Projects		RATING NO. 5/6	SPECIFIC DUTY NO. 4 Consults and coordinates with various HQS components regarding Station's Projects and Operations		RATING NO. 6	
SPECIFIC DUTY NO. 2 Handles large volume of correspondence with Station in support of Operations		RATING NO. 6/7	SPECIFIC DUTY NO. 5 Prepares, reviews and coordinates memoranda		RATING NO. 6	
SPECIFIC DUTY NO. 3 Supervises maintenance of desk records and project files		RATING NO. 6/7	SPECIFIC DUTY NO. 6		RATING NO.	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5/6	
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.						
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree		
CHARACTERISTICS				NOT APPL-CABLE	NOT OBS-SERVED	RATING
GETS THINGS DONE						A
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES						X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT						X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X
#WRITES EFFECTIVELY						X
SECURITY CONSCIOUS						X
THINKS CLEARLY						X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X
OTHER (Specify):						
SEE SECTION "E" ON REVERSE SIDE						

**SECRET**

(U.S. Govt. Print. Inf.)

**SECTION E****NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

JUL 21 251 PH '59

This employee is intelligent, loyal and dedicated to duty. She has an outstanding ability in getting her job assignments accomplished effectively and with a minimum of time and support. She readily accepts responsibility, is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures plus her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the Station's operations. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehrung has an excellent potential for assuming greater responsibilities. Additional training is dependent upon her future assignments.

**SECTION F****CERTIFICATION AND COMMENTS****1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

11 June 1959

SIGNATURE OF EMPLOYEE

John S. Brady

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

22 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (SPECIFY):

DATE

11 June 1959

OFFICIAL TITLE OF SUPERVISOR

C/WH/III/Mexico

TYPED OR PRINTED NAME AND SIGNATURE

John S. Brady

**3. BY REVIEWING OFFICIAL** I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

11 July 1959

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WH/III

TYPED OR PRINTED NAME AND SIGNATURE

John S. Brady

**SECRET**

**SECRET**

(When Filled In)

**FITNESS REPORT (Part I) PERFORMANCE****INSTRUCTIONS**

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item B, of Section A below.

**SECTION A.****GENERAL**

1. NAME (Last) <u>ZEHURUNG</u>	(First) <u>Charlotte L.</u>	(Middle)	2. DATE OF BIRTH <u>12 Jan 1929</u>	3. SEX <u>F</u>	4. SERVICE DESIGNATION <u>DI</u>
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT <u>DDP/WH/II/DC/Argentina/MEXICO</u>			6. OFFICIAL POSITION TITLE <u>Reports Officer</u>		
7. GRADE <u>GS-11</u>	8. DATE REPORT DUE IN OR <u>4 Nov 1957</u>		9. PERIOD COVERED BY THIS REPORT (Inclusive dates) <u>28 August 1956 - 27 August 1957</u>		
10. TYPE OF REPORT (Check one) <input checked="" type="checkbox"/> ANNUAL		INITIAL	ASSIGNMENT-SUPERVISOR	SPECIAL (Specify)	
			ASSIGNMENT-EMPLOYEE		

**SECTION B.****CERTIFICATION**1. FOR THE RATER: THIS REPORT  HAS  HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:**A. CHECK (X) APPROPRIATE STATEMENTS:**

THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "F" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
X THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE 20 January 1958 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR John B. Brady D. SUPERVISOR'S OFFICIAL TITLE C/WH/III/Mexico

E. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

REVIEWED BY	DATE
<i>R. N. Dahlgren</i>	<i>1/21/58</i>
APPROVED	21 Jan 1958
<i>John B. Brady</i>	<i>1/21/58</i>

**CONTINUED ON ATTACHED SHEET**

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 21 January 1958 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL R. N. Dahlgren C. OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/III**SECTION C.** **JOB PERFORMANCE EVALUATION****1. RATING ON GENERAL PERFORMANCE OF DUTIES**

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the testing period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- |                            |  |
|----------------------------|--|
| <b>6</b>                   | 1. DOES NOT PERFORM DUTIES ADQUATELY. HE IS INCOMPETENT.   |
| INSIDE<br>RATING<br>NUMBER | 2. HARLY INADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. |
|                            | 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.   |
|                            | 4. PERFORMS DUTIES IN A COMPLIANT, EFFECTIVE MANNER.   |
|                            | 5. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.  |
|                            | 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.               |

COMMENTS:

SECRET  
(After Filled In)

## E. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

## DIRECTIONS

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisor those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others doing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:
- |                             |                                |
|-----------------------------|--------------------------------|
| ORAL BRIEFING               | HAS AND USES AREA KNOWLEDGE    |
| GIVING LECTURES             | DEVELOPS NEW PROGRAMS          |
| CONDUCTING SEMINARS         | ANALYZES INDUSTRIAL REPORTS    |
| WRITING TECHNICAL REPORTS   | MANAGES FILES                  |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO                 |
| TYPING                      | COORDINATES WITH OTHER OFFICES |
| TAKING DICTATION            | WRITES REGULATIONS             |
| SUPERVISING                 | PREPARES CORRESPONDENCE        |
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

SPECIFIC DUTY NO. 1 Supervises maintenance of desk records and project files.	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER	
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS	
	3 - PERFORMS THIS DUTY ACCEPTABLY	8 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER		
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB		
SPECIFIC DUTY NO. 2 Reviews and coordinates memoranda	RATING NUMBER 7	SPECIFIC DUTY NO. 4 Extracts pertinent information from reports and statistics for the preparation of studies	RATING NUMBER 6
SPECIFIC DUTY NO. 3 Processes for dissemination reports from field stations	RATING NUMBER 6	SPECIFIC DUTY NO. 5 Prepares cables and dispatches for the field	RATING NUMBER 6
	RATING NUMBER 5	SPECIFIC DUTY NO. 6 Supervises maintenance of country desk files	RATING NUMBER 6

## F. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

This employee is a highly efficient worker who in accomplishing her job assignments has performed in a very outstanding manner. She has the ability to think clearly and logically and at all times exercises extreme good judgment. Her knowledge of his and field procedures constitutes a great asset and she has the facility for picking up loose ends and keeping an office smoothly running. She is willing to undertake any assignment that facilitates getting the job done and is entirely capable of seeing that the job is properly done. Her contribution to the job reflects conscientiousness, loyalty and devotion to duty far above the average.

## SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, general defects or talents,...and how he fits in with your team. Compare him with others doing similar work of about the same level.

1 - DEFINITELY INSUITABLE - HE SHOULD BE SEPARATED

2 - OF DOUBTFUL SUITABILITY - HE WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW

6

3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION

4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION

5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS

6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION

7 - EXCELLED BY ONLY A FINE IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO  IF YES, EXPLAIN FULLY

SECRET

## SECRET

Form Filled In

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CO no later than 30 days after the due date indicated in Item E of Section "F" below.

## SECTION E.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
ZEHNRUNG, Charlotte	12 Jan 1929	F	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT		6. OFFICIAL POSITION TITLE	
DDP/WH/II/DC/Argentina/MEXICO		Reports Officer	
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-11	4 Nov 1957	28 August 1956 - 27 August 1957	
10. TYPE OF REPORT (Check one)	INITIAL ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	SPECIAL (Specify)

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE  
20 January 1958 John B. Brady C/WH/III/Mexico

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL  
21 January 1958 R. N. Dahlgren C/WH/III

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

- 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  
 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED  
 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES  
 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES  
 5 - WILL PROBABLY ADJUST QUICKLY TO NEWER RESPONSIBILITY WITHOUT FURTHER TRAINING  
 6 - ALREADY ASSUMING MORE RESPONSIBILITY THAN EXPECTED AT HIS PRESENT LEVEL  
 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor?  Yes  No. If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING: 0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION  
 RATING NUMBER: 1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION  
 2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION  
 3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (Driver, messenger, technician or professional specialist of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor).
3		A GROUP OF SUPERVISORS WHO SUPERVISE THE BASIC JOB (Second line supervisors).
2		A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHO IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level).
	3	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT.
	2	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION.
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPONENT TEAM.
		State (Specify)

SECRET  
(When Filled In)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

7 months

JAN 24 - 2 09 PM '59

4. COMMENTS CONCERNING POTENTIAL

Her potential has a wide range. She has the ability to organize and direct a sizeable office of reports writers and to supervise the administrative operations for a large office. She has a distinct aptitude for operations and her potential in the field of operational support work as well as in the direct handling of operations is a good one.

## SECTION H.

## FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

None recommended at this time.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

## SECTION I.

## DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE

CATEGORY NUMBER 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE

3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE

4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE

5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
5	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	1	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
5	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY EASILY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. SHOES THEM TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	5	26. IS SECURITY CONSCIOUS
4	7. GETS ALONG WELL WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
5	10. CAN COP WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. SEES BUT REQUIRES STRONG AND DETERMINED SUPERVISOR

SECRET

**CONFIDENTIAL**  
(When filled in)

**NOTE TO PCS RETURNEES**

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

CHARACTER 2. RESERVATION  
NAME  
(Please Print)

CONFIDENTIAL  
(When filled in)

~~Group 1~~ Excluded from automatic downgrading and declassification.

SECRET  
(When Filled In)

FILE

PUNCHED  
BY

## REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME							
	LAST	FIRST	MIDDLE					
1-0 007667	(Printed) Bustosvidela Charlotte Z							
INSTRUCTIONS								
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI. NO. 38, REVISED.								
PCS DATES OF SERVICE								
ARRIVAL D/S			DEPARTURE D/S			TYPE OF DATA	O/P USE ONLY	COUNTRY
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	CODE 37 38 39	CODE 40-42
25-26	27-28	29-30	31-32	33-34	35-36			Mexico 4510
TDY DATES OF SERVICE								
ARRIVAL D/S			DEPARTURE D/S			TYPE OF DATA	O/P USE ONLY	AREA(S)
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE 37 38 39	CODE 40-42
25-26	27-28	29-30	31-32	33-34	35-36			
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA								
SOURCE DOCUMENT AND CERTIFICATION								
TRAVEL VOUCHER			DISPATCH					
<input checked="" type="checkbox"/> CABLE			DUTY STATUS OR TIME AND ATTENDANCE REPORT					
OTHER (Specify)								
DOCUMENT IDENTIFICATION NO.			DOCUMENT DATE/PERIOD					
EN 680799			8/1/74					
REMARKS								
PREPARED BY		REPORT ANNOTATED ON CONTROLLING DOCUMENT		ANGLE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED				
CBL DIVISION, CTRB.		DATE		SIGNATURE				
EST DIVISION		5/1/74		R				
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER								

SECRET

OFF

FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
NAME OF EMPLOYEE (Use Period only if SA) DATE (from Item S-1)		NAME OF SUPERVISION (if any)		DATE (from Item S-2)
<b>Charlotte Z. Bustos-Videla 8 Sep 1971</b>		<b>John R. Horton</b>		<b>8 Sep 1971</b>
DATE RECEIVED AT HEADQUARTERS:		DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
<b>15 September 1971</b>		<b>HMMT 11,086</b>	<b>8 Sep 1971</b>	
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
<b>12 Jan 29</b>		<b>Cuba/CI; GS-13</b>	<b>Mexico City</b>	
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
<b>28 July 1967</b>	<b>9 Sept. 1972</b>	<b>-----</b>	<b>16 October (3 weeks H/L) (2 weeks A/L)</b>	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU				
<b>None</b>				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT: My husband is currently a professor in New York City, and I would very much appreciate an assignment in New York City so I may join him there. I would be agreeable to changing somewhat my departure date from Mexico if it would help in my accepting an opening in New York City. (My reason for requesting the two month extension is to insure my 5 years overseas duty so as to qualify for the organization's retirement plan.)				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 240-B)				
<ol style="list-style-type: none"> <li>Analysis of personality and target data from raw and finished reports, preparation of target studies, and finished intelligence dissems.</li> <li>Operational reporting: cables, dispatches, projects, progress reports, etc.</li> <li>Handling of outside transcribers. (off and on).</li> <li>Records control and purge of Station files.</li> <li>Preparation of memos for other components of LNCUFF.</li> <li>General Ops support IA typo work.</li> </ol>				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				

SECRET

## III. PREFERENCE FOR NEXT ASSIGNMENT.

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, OR 3 (FOR 1ST, 2ND, AND 3RD CHOICE) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND TOUR 2 MONTHS AT CURRENT STATION TO 9 September  
(dated)

2  BE ASSIGNED TO DC/WH/Pers FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, WH/WH OR OFFICE.  
1ST CHOICE DC/WH/Pers 2ND CHOICE DC/WH/Pers 3RD CHOICE DC/WH/Pers

1  BE ASSIGNED TO DC/WH/Pers FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE New York 2ND CHOICE New York 3RD CHOICE New York

3  RETURN TO MY CURRENT STATION

## TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Those of you who know her realize that I would hardly give up [redacted] even after five years on the job, without a fight, did not other reasons intervene. Her husband is working in New York now and so her remaining here any longer than needed for her to qualify for her retirement time, as she explains, is a needless hardship. (It would help us if you would confirm that time: is that the date needed for her to remain in order to qualify?) Please do your best to arrange

-continued

## TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Subject will be assigned as chief of the CA Section, WH/Branch

One. She is being notified via HMMS 7580.

DATE <u>9 Jun 72</u>	TITLE <u>DC/WH/Pers</u>	SIGNATURE <u>[Redacted]</u>
----------------------	-------------------------	-----------------------------

FOR USE BY CAREER SERVICE

## 14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. \_\_\_\_\_ DATED: \_\_\_\_\_  
TABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ ISSUED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SECRET

12. CONTINUED

an assignment in New York for her. She is such a valuable person that anyone who has worked with her would be glad to have her on the premises: so there is no need to try to "sell" her: it's just the question of whether the timing would be right, I should think.

## CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
BUSTOS-VIDELA	Charlotte	Z	

1. RESIDENCE DATA  
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

Washington, D.C.	Washington, D.C.
------------------	------------------

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE HOME LEAVE RESIDENCE

Dayton, Ohio	Dayton, Ohio
--------------	--------------

2. MARITAL STATUS (Check one)  
 SINGLE     MARRIED     SEPARATED     DIVORCED     WIDOWED     ANNULLED

IF MARRIED, PLACE OF MARRIAGE	DATE OF MARRIAGE
Dayton, Ohio	March 18, 1961
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE
NA	NA
IF WIDOWED, PLACE SPOUSE DIED	DATE SPOUSE DIED
NA	

3. PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)  
NA

4. MEMBERS OF FAMILY  

NAME OF SPOUSE	ADDRESS (No., Street, City, State, Zip Code)	TELEPHONE NO. MEXICO CIT.
Cesar Bustos-Videla	Apartado Postal 6-940, Mexico 6, D.F. MEXICO 525-42-36	
NAMES OF CHILDREN	ADDRESS	SEX    DATE OF BIRTH
NA		
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO. PR.
Samuel D. Zehrung	425 Dayton Towers Dr, Dayton, Ohio	51-202-2150
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO. S.
Rezel Zehrung	James	51-202-2150

WHAT MEMBER(S) OF YOUR FAMILY, IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  

NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP
Cesar Bustos-Videla	husband
HOME ADDRESS (No., Street, City, State, Zip Code)	HOME TELEPHONE NUMBER
see above	see above
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
Universidad de las Americas, Puebla, MEXICO	

IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization you believe you work for.)

YES  NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES  NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.)

YES  NO

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

## CURRENT RESIDENCE AND DEPENDENCY REPORT

**CONFIDENTIAL**  
(When Filled In)

**VOLUNTARY ENTRIES**

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

All financial information is on file with our lawyer

Mr. John DAHLGREN  
DAHLGREN DARRACH & CLOSE  
1000 Conn. Ave., N.W., Washington D.C.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?  YES  NO

IF YES, DO YOU HAVE A JOINT ACCOUNT?  YES  NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. (If "Yes" where is document located?)

On file with lawyer listed above

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

YES  NO. (If "Yes" give name(s) and address)

NA

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. (If "Yes", who possess the power of attorney?)

Believe the lawyer has this also

**6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS**

SIGNED AT	DATE	SIGNATURE
Elizabethtown, PA	22 June 1970	Charles J. Sauer, Lawyer

**CONFIDENTIAL**

CONFIDENTIAL  
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

Marylene J. Duncanson  
Signature

BUETUS Middle, Charlotte

22 Dec 1970  
Date

CONFIDENTIAL  
(When Filled In)

SECRET

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Use pseudo only if SA)	DATE (from Item 5-1)	NAME OF SUPERVISOR (if used)	DATE (from Item 5-2)
<b>Charlotte Bustos-Videla</b>	<b>26 Jan. 70</b>	<b>James B. Noland</b>	<b>26 Jan. 1970</b>
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	

**2 Feb. 1970****HMMT-10102****10APR  
1970**

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
<b>12 Jan 29</b>		<b>Exec Assistant, GS-13 MEXICO CITY Station</b>		
6. DATE OF PCB ARRIVAL IN FIELD	7. REQUESTED DATE OF DEPARTURE	8. EXPECTED DATE OF FIRST CHECK-IN AT HQ	9. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
<b>28 July 1967</b>	<b>16 Aug 1970</b>	<b>Will not go Hdqrs unless requested</b>	<b>26 Oct 1970</b>	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

**none**

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Subject wishes to remain overseas for a minimum of two more years to complete her 5 years overseas requirement.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form).  
(also attach personal cover questionnaire in accordance with CSI-F 240-8)

1. During most of Subject's tour in Mexico she has been the Cuban IA. In this job she also handled some Cuban operational matters including [redacted] contract employees.
2. During this period she also handled some sensitive projects for the CCS.
3. During the last six months Subject has been Exec Asst to the COS/DCOS concentrating on file and administrative reorganization of the Station.
4. Subject has had supervisory responsibility over one to three clerical/TUY staff for short periods.

10. TRAINING DESIRED:  
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS**None**

SECRET

## 11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

I enjoy both Administrative and Ops/IA work.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, OR 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

3  EXTEND TOUR: 12 MONTHS AT CURRENT STATION TO Aug 1971  
(DATE)

BE ASSIGNED TO HQDGS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

1.  BE ASSIGNED TO ANOTHER FIELD STATION: INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE Paris 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

2  RETURN TO MY CURRENT STATION for 2nd tour.

## TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Would not stand in Subject's way, were she to be fortunate enough to get a Paris assignment. However with her long Mexico background (both Hdqs and field) and her multiple talents she has been invaluable in the reorganization of this highly complicated Station under changed circumstances, will continue to be so during the next several years and to lose her would be like losing one's right arm. Therefore we strongly endorse either a second tour or an extension.

## TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

WII Division recommends that subject return to Mexico City for a second tour.

DATE 11 Mar 70 TITLE C/Md/Pars SIGNATURE Henry L. Berthold

## FOR USE BY CAREER SERVICE

## 14. APPROVED ASSIGNMENT:

New tour in Mexico City

15. EMPLOYEE NOTIFIED BY DISPATCH REC'D 1970-2-20 DATED 1970-2-20

CABLE NO. \_\_\_\_\_ DATED \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

SECRET

## CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) <b>BUSTOS VIDELA</b>	(First) <b>PAUL</b>	(Middle) <b>E</b>	SOCIAL SECURITY NUMBER
RESIDENCE DATA			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY <b>WASHINGTON DC.</b>	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) <b>N.A.</b>		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE <b>WASHINGTON DC.</b>	HOME LEAVE RESIDENCE <b>DAYTON, OHIO</b> , <i>applied</i> <b>CENTRAL ROAD, DAYTON, OHIO</b> , <i>applied</i> <i>on 4 June 70</i>		
MARRITAL STATUS (Check one)			
SINGLE <input checked="" type="checkbox"/>	MARRIED <input checked="" type="checkbox"/>	SEPARATED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
IF MARRIED, PLACE OF MARRIAGE <b>DAYTON, OHIO</b>			WIDOWED <input type="checkbox"/>
IF DIVORCED, PLACE OF DIVORCE DECREE <b>NA</b>			ANNULLED <input type="checkbox"/>
IF WIDOWED, PLACE SPOUSE DIED <b>NA</b>			DATE OF MARRIAGE <b>MARCH 15, 1961</b>
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			DATE OF DECREE <b>NA</b>
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			DATE SPOUSE DIED <b>NA</b>
MEMBERS OF FAMILY			
NAME OF SPOUSE <b>CESAR BUSTOS VIDELA</b>	ADDRESS (No. Street, City, State, Zip Code) <b>LAS AMERICAS UNIV., MEXICO CITY, MEXICO</b>	TELEPHONE NO.	
NAME OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH
NAME OF YOUR FATHER (Or male guardian) <b>SAMUEL D. ZEHUNG</b>	ADDRESS (No. Street, City, State, Zip Code) <b>415 DIVISION TOWNS ROAD DAYTON, OHIO</b>	TELEPHONE NO.	
NAME OF YOUR MOTHER (Or female guardian) <b>HAILEL J. ZEHUNG</b>	ADDRESS <b>STAMFORD</b>	TELEPHONE NO.	
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. <b>MR. YEHUNG, all my family - I am informed 15 July 67.</b>			
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) <b>MRS. PFLAUMER, Mary Elizabeth (MILY DALE)</b>	RELATIONSHIP <b>510-7612</b>	HOME TELEPHONE NUMBER <b>316-871-0689</b>	
HOME ADDRESS (No. Street, City, State, Zip Code) <b>576 LAKE FOREST DRIVE, DAY VILLAGE, OHIO 44140</b>	BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE <b>NA</b>		
IS THE INDIVIDUAL NAMED ABOVE HAVING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization then by whom you work for.) <i>My wife has it listed for me to make for her.</i>			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of incapacity.) <i>Lawyer for my wife, Mr. E. F. G. 1162 Lake Forest Drive may make</i>			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.)			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
The persons named in Item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

**CONFIDENTIAL**

(When Filled In)-

**VOLUNTARY ENTRIES**

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

The National Bank of Washington, Beyond Circle Branch, Washington D.C.  
joint account with husband  
Columbia Federal Savings & Loan Assoc., 5301. Tice Ave. N.W. D.C.  
joint account with husband.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?  YES  NO

IF YES, DO YOU HAVE A JOINT ACCOUNT?  YES  NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. (If "Yes" where is document located?)

Lawyer: Mr. John O. Dahlgren  
Dahlgren, Barroga & Close  
1000 Vermont Ave., N.W.

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

YES  NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. (If "Yes", who holds the power of attorney?)

for executing pleasure: The National Bank of Washington, D.C.

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
	June 28 1967	Citizen on 7th Floor, 14th Street

**CONFIDENTIAL**

~~SECRET~~

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM**

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Bustos-Videla	Charlotte	Louise	January 12, 1929	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
GOTLIC				

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here —  
if you  
WANT BOTH  
optional and  
regular  
insurance

(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here —  
if you  
DO NOT WANT  
OPTIONAL but  
do want  
regular  
insurance

(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here —  
if you  
WANT NEITHER  
regular nor  
optional  
insurance

(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE, IF YOU MARKED BOX "A" OR "C".  
COMPLETE THE "STATISTICAL STUB," THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

*Charlotte J. Bustos-Videla*

DATE

23 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

1968-12-15  
53-1132-1-1271

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

~~SECRET~~

STANDARD FORM NO. 176-1  
JANUARY 1968  
(For use only until April 14, 1968)  
GSA GEN. REG. NO. 27  
176-121

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	LAST (Printed)	FIRST	MIDDLE
1-0 007667	BUSTOS VIDELA	CHARLOTTE	Z

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 88, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE	CODE
28-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38-39	MEXICO
0	7	2	8	6	7		1		5-0

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE	CODE
28-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38-39	

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	X DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	
DOCUMENT IDENTIFICATION NO. FORM 764	DOCUMENT DATE/PERIOD 2 - 29 JULY 1967

REMARKS

ARRIVAL DATE REPORTED UNDER "OTHER REMARKS" ON DUTY STATUS REPORT.

PREPARED BY <input checked="" type="checkbox"/> OPR <input type="checkbox"/> C & S DIVISION, CTBS. <input checked="" type="checkbox"/> C & T DIVISION	REPORT ANNOTATED AND CONTROL DOCUMENT DATE 16 APR 1968	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED SIGNATURE LTC. J. J. Loury
--	---	--

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**

OFFICIAL USE ONLY (Not for Public Release)

**QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT**

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT AVOID USING LIGHT COLORED INKS

SECTION I		BIOGRAPHIC AND POSITION DATA		
1. EMP. SER. NO.	2. NAME (Last First Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE/GRADE/STEP
007667	BUSTOSVIDELA C J	F	01/12/29	GS - 23-C6
6. TO	7. POSITION/TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City)	
D	OFS OFFICER	WH	MEXICO CITY, MEXICO	
SECTION II				
AGENCY/OVERSEAS SERVICE		TYPE TOUR	FROM	TO
NO OVERSEAS SERVICE				
MEXICO CITY STATION		1st tour 2nd tour	27 JULY 1967 1970	10 JUN 1970
<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>OVERSEAS DATA</b>          CASED          DATE: INITIALS: S          20 JUN 1970       </div>				
SECTION III		EDUCATION		
DEGREE	MAJOR FIELD	COLLEGE	YEAR	
BACH	ECONOMICS, GENERAL	SYRACUSE UNIV NY	50	

**SECRET**

Wharf Road Inn

**SECRET**

## CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO. 2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST																																					
BUSTOS-VIDELA, CHARLOTTE		A=ADD C=CHANGE D=DELETE	CODE	LAN.	CODE	R	W	P	S	U	T	YEAR																													
5. LANGUAGE DATA AFTER TEST		6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION																																	
LAN. CODE	R	W	P	S	U	T	YEAR	10/17/72		01/12/29		13	WH																												
NOTICE TO PERSON TESTED																																									
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN SPANISH (NEW WORLD) BL18 (NAME OF LANGUAGE)																																									
<table border="1"> <thead> <tr> <th>READING</th> <th>WRITING</th> <th>PRONUNCIATION</th> <th>SPEAKING</th> <th>UNDERSTANDING</th> <th>TEST RATINGS</th> <th colspan="8">DEFINITION</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>+</td> <td>+</td> <td>I+</td> <td>H</td> <td>O = ZERO I = INTERMEDIATE E = ELEMENTARY N = NATIVE</td> <td colspan="8">S = SLIGHT H = HIGH N = NATIVE</td> </tr> </tbody> </table>														READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATINGS	DEFINITION								N	+	+	I+	H	O = ZERO I = INTERMEDIATE E = ELEMENTARY N = NATIVE	S = SLIGHT H = HIGH N = NATIVE							
READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATINGS	DEFINITION																																			
N	+	+	I+	H	O = ZERO I = INTERMEDIATE E = ELEMENTARY N = NATIVE	S = SLIGHT H = HIGH N = NATIVE																																			
11. REMARKS "4" indicates no language competence. Speaking grade.																																									
CL BY 017470 EX-2 IMPDET WISMI																																									
12. SIGNATURE RJF																																									
13. LD NUMBER 20723																																									

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS	CONFIDENTIAL	GROUP 1 EXTRACTED FROM AUTOMATIC PROMOTIONS AND RECLASSIFICATION	1 - OP/QAB										
(10-451) SECRET													
12-DIGITS MUST CONTAIN 20-DIGITS													
< 2 >													
14. DATE OF BIRTH	15. DATE CODED	THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.											
MO DA YR	MO DA YR												

LANGUAGE CODING DATA - FORM 444C														
1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE											
< 3 >	•	•	BASE CODE	R	W	P	S	U	T	YR				
5. DATE SUBMITTED	6. DATE OF BIRTH	WHEN FORM 444C DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)												
MO DA YR	MO DA YR	>												

LANGUAGE PROFICIENCY TEST DATA																				
1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA LISTING 1273																
< 5 >	•	•	C-A-D	BASE CODE	R	W	P	S	U	T	YR									
6. LANGUAGE DATA AFTER TEST			7. DATE OF TEST		DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273.															
BASE CODE R W P S U T YR			MO DA YR		LANGUAGE PROFICIENCY AND AWARDS DATA.															
• BL18 N i H i H 4 72			10 17 72		BUS															

QUALIFICATIONS RECORD CHANGE														
1. ID	2. EMP/APPL NO	3. NAME	ENTER UNDER "TYPE" -											
< 4 >	•	•	A = ADDITION TO RECORD C = CHANGE TO EXISTING RECORD D = DELETION OF DATA FROM EXISTING RECORD											
TYPE      CODE # 1      CODE # 2														
	BASE	1	2	3	YR	BASE	1	2	3	YR				
•	•	•	•	•	•	•	•	•	•	•				
•	•	•	•	•	•	•	•	•	•	•				
•	•	•	•	•	•	•	•	•	•	•				
•	•	•	•	•	•	•	•	•	•	•				
•	•	•	•	•	•	•	•	•	•	•				
•	•	•	•	•	•	•	•	•	•	•				
•	•	•	•	•	•	•	•	•	•	•				
•	•	•	•	•	•	•	•	•	•	•				

**SECRET**

(WHEN FILLED IN)

**CERTIFICATION OF LANGUAGE PROFICIENCY**

1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST							
447667		BUSTOS-VIDELA, CHARLOTTE Z.		A=ADD C=CHANGE D=DELETE	CODE	LAN. CODE	R	W	P	S	U	T	YEAR
5. LANGUAGE DATA AFTER TEST		6. DATE TESTED		7. DATE OF BIRTH		8. GRADE	9. OFFICE OR DIVISION						
LAN. CODE	R	W	P	S	U	T	YEAR						
	06/22/67		01/12/39		-13		WH						
NOTICE TO PERSON TESTED													
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL18</u> (NAME OF LANGUAGE) AND YOUR TEST SCORES ARE AS FOLLOWS:													
READING	WRITING	PRONUNCIATION	SPEAKING	UNDERSTANDING	TEST RATINGS	Q = ZERO I = INTERMEDIATE S = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE							
I	CODED	H	I	I	Q	S E H N							
11. REMARKS  FOR QUALIFICATIONS DATE 25 AUG 1967													
12. SIGNATURE  Kla													
13. LD NUMBER 14168													

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS (10-65) **SECRET** GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION 1 - OP/QAB

LANGUAGE PROFICIENCY TEST DATA													
1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST									
447667	BL18	BL18	C-A-D	BASE CODE	R	W	P	S	U	T	YR		
5	BL18	BL18	C	BL18	H	I	H	H	N	4	67		
DATA FOR ITEM 2, THRU 7 IS EXTRACTED FROM FORM 1273 LANGUAGE PROFICIENCY AWARDS DATA, 2 OCT 1967													

QUALIFICATIONS RECORD CHANGE													
1. ID	2. EMP/APPL NO.	3. NAME	ENTER UNDER "TYPE" -										
4		BL18	A = ADDITION TO RECORD C = CHANGE TO EXISTING RECORD D = DELETION OF DATA FROM EXISTING RECORD										
TYPE	CODE # 1					CODE # 2							
	BASE	1	2	3	YR	BASE	1	2	3	YR			

F-234 1962a

**SECRET**GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

14-311

**SECRET**

(When Filled In)

1. PERSONNEL SERIAL NO (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. TO NO <i>1232</i>
3. NAME (7-24) LAST <i>Calvano, Charlotte</i>	FIRST <i>Charlotte</i>	MIDDLE <i></i>	4. OFFICE OR DIVISION <i>SP</i>	5. LANGUAGE <i>ENGLISH</i>	6. LANG CODE (25-37) <i>120</i>	
7. DATE OF TEST (48-51) <i>Oct. 11, 1960</i>	8. ANNIVERSARY DATE <i>Oct. 11, 1960</i>		9. GRADE <i>12</i>	10. DATE OF BIRTH <i>Sept. 12, 1929</i>		
11. REASON FOR TAKING TEST <input checked="" type="checkbox"/> APPLY FOR AWARD <input type="checkbox"/> ESTABLISH SKILL LEVEL	TEST SCORES					
	12. READING (34) <input type="checkbox"/>	WRITING (35) <input type="checkbox"/>	PRONUNCIATION (36) <input type="checkbox"/>	SPEAKING (37) <input type="checkbox"/>	UNDERSTANDING (38) <input type="checkbox"/>	
13. ELIGIBILITY (39) <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> NA	TYPE OF AWARD					
	ACHIEVEMENT (A) <input type="checkbox"/>	ELEMENTARY (E) <input type="checkbox"/> INTERMEDIATE (I) <input type="checkbox"/> HIGH (H) <input type="checkbox"/>	READING (R) SPEAKING (S) <input type="checkbox"/> COMPREHENSIVE (C) <input type="checkbox"/>	BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V) <input type="checkbox"/> V		
15. INELIGIBLE (REASONS)			16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ 100.00 (40-43)			
			SIGNATURE _____ DATE _____			
			17. I CERTIFY THAT FUNDS ARE AVAILABLE			
REMARKS			OBIGATION REF. NO.	CHARGE ALLOTMENT NO.		
			SIGNATURE _____			

FORM 1273  
5-60OBSCURE PREVIOUS  
EDITIONS**SECRET**

(13-43)

MRD COPY

SECRET

RHC

PERIODIC SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p>This form provides the means whereby your official personnel records will be kept current. Even though all information you have furnished previously, it will be necessary for you to complete sections I through VI in these entirely. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete treatment than you have previously reported.</p>		
<b>SECTION I GENERAL</b>		
1. FULL NAME (Last-First-Middle) <b>ZEHUNG, Charlotte L.</b> 2. CURRENT ADDRESS (No., Street, City, Zone, State) <b>3817 Davis Place, N. W., Washington</b> 3. PERMANENT ADDRESS (No., Street, City, Zone, State) <b>5536 South Dixie Highway, Dayton 9, Ohio</b> 4. HOME TELEPHONE NUMBER <b>Box 2-1618</b> 5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE <b>Ohio</b>		
<b>SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>		
1. NAME (Last-First-Middle), PREFERABLY RESIDING IN U.S. <b>ZEHUNG, Samuel D.</b> 2. RELATIONSHIP <b>Father</b> 3. HOME ADDRESS (No., Street, City, Zone, State, Country) <b>5536 South Dixie Highway, Dayton 9, Ohio</b> 4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE <b>5536 South Dixie Highway, Dayton 9, Ohio. San Rae Gardens</b> 5. HOME TELEPHONE NUMBER <b>NO 2-3511</b> 6. BUSINESS TELEPHONE NUMBER <b>TO 3-3511</b> 7. BUSINESS TELEPHONE EXTENSION <b>None</b>		
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. 		
<b>SECTION III MARITAL STATUS</b>		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> 1. WIFE <input type="checkbox"/> 2. MARRIED <input type="checkbox"/> 3. WIDOW <input type="checkbox"/> 4. SEPARATED <input type="checkbox"/> 5. DIVORCED <input type="checkbox"/> 6. ANNULLED 2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS 		
<p><b>SPOUSE:</b> If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving date below for all previous marriages. If marriage is contemplated, provide same data for fiancé.</p>		
3. NAME (First) <b>(F)</b> (Middle) <b>(M)</b> (Last) <b>(L)</b> 4. DATE OF MARRIAGE <b></b> 5. PLACE OF MARRIAGE (City, State, Country) 6. ADDRESS OF SPOUSE (EXCEPT MARRIAGE) <b>5536 South Dixie Highway, Dayton 9, Ohio</b> 7. LIVING <input checked="" type="checkbox"/> 8. DATE OF DEATH <b></b> 9. CAUSE OF DEATH <b></b> 		
10. CURRENT ADDRESS (Give last address, if deceased) 11. DATE OF BIRTH <b></b> 12. PLACE OF BIRTH (City, State, Country) 13. IF BORN OUTSIDE U.S. DATE OF ENTRY <b></b> 14. PLACE OF ENTRY 		
15. CITIZENSHIP (Country) <b>U.S.A.</b> 16. DATE ACQUIRED <b>1958</b> 17. WHERE ACQUIRED (City, State, Country) 18. OCCUPATION <b>Waitress</b> 19. PRESENT EMPLOYER (Also give # of employees, if of spouse is deceased or deceased, last two employers) 20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)		
SECTION III CONTINUED ON PAGE 2		

SECRET

**QUALIFICATIONS**

**DATE 11 JULY 1958**

SECRET

(When Filled In)

## SECTION III CONTINUED FROM PAGE 3

71. DATES OF MILITARY SERVICE OF SPOUSE (Front and Top) BY MONTH AND YEAR	
72. BRANCH OF SERVICE	73. COUNTRY WITH WHICH MILITARY SERVICE WAS MAINTAINED
74. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

## SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

8. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

SECTION V FINANCIAL STATUS		
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.		

SECTION V CONTINUED TO PAGE 3

SECRET

SECRET

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**SECTION V CONTINUED FROM PAGE 2**

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SECTION V CONTINUED FROM PAGE 4							
B. BOARDING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS							
NAME OF INSTITUTION	ADDRESS (City, State, Country)						
Citizens Federal Savings & Loan Assn.	Dayton, Ohio						
Riggs National Bank	Washington, D. C.						
7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)							
<b>SECTION VI</b>							
<b>CITIZENSHIP</b>							
1. COUNTRY OF CURRENT CITIZENSHIP	2. CITIZENSHIP ACQUIRED BY - CHECK THE ONE						
US	<input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> CITIZENAGE <input type="checkbox"/> OTHER (Specify)						
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS						
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First applied, etc.)							
<b>SECTION VII</b>							
<b>EDUCATION</b>							
1. CHECK THE HIGHEST LEVEL OF EDUCATION ATTAINED							
LESS THAN HIGH SCHOOL GRADUATE	HIGH SCHOOL GRADUATE - NO DEGREE						
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE						
TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	GRADUATE STUDY LEADING TO BACHELOR'S DEGREE						
TWO YEARS COLLEGE OR LESS	MASTER'S DEGREE						
	DOCTOR'S DEGREE						
2. COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTH HRS. COMPLETED (Specify)
	FROM	TO	FROM	TO			
3. TRADE, COMMERCIAL AND SPECIALTY SCHOOLS							
NAME OF SCHOOL	STUDY OR SPECIALIZATION		DATES ATTENDED				TOTAL HOURS
	FROM	TO	FROM	TO			
4. MILITARY TRAINING (LIST EACH YEAR IN SPECIALIZED SCHOOLS SUCH AS DEFENSE, INTELLIGENCE, COMMUNICATIONS, ETC.)							
NAME OF SCHOOL	STUDY OR SPECIALIZATION		DATES ATTENDED				TOTAL HOURS
	FROM	TO	FROM	TO			
5. OTHER EDUCATIONAL TRAINING NOT LISTED ABOVE							

SECRET

**SECRET**

(Form Filled In)

**SECTION X CONTINUED FROM PAGE 8**

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

**SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE**

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Aug 51 - 27 Apr 52	5	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	6. DESCRIPTION OF DUTIES
0	Secretary (Steno)	

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Apr 52 - 27 Sept 53	7	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	6. DESCRIPTION OF DUTIES
	Intell Officer (Rpts)	All duties of Reports Officer

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Sept 53 - 10 Apr 55	9	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	6. DESCRIPTION OF DUTIES
one to two	Reports Officer	Duties of Chief reports officer AF

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
10 Apr 55 - June 1957	11	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	6. DESCRIPTION OF DUTIES
one - two	Chief Reports Officer	

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1957 - present	11	DDP/WH/III (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	6. DESCRIPTION OF DUTIES
	Reports Officer	

(One additional page(s) if required)

**SECRET**

**SECRET**

When Filled In

188

**SECTION XI**

**CHILDREN AND OTHER DEPENDENTS**

1. NUMBER OF CHILDREN (INCLUDING STEPCHILDREN AND ADOPTED CHILDREN) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING.

- 2 NUMBER OF OTHER DEPENDENTS (INCLUDING SPOUSE,  
PARENTS, STEPARENTS, SISTER, ETC.)  
END DEPENDING ON YOU FOR AT LEAST 50% OF  
THEIR SUPPORT, OR CHILDREN  
PLACE ONE AND MARK WITH A PEG

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

DATE COMPLETED

DATE COMPLETED  
10 Sept 57

5168871-32 2012-06-21

~~SECRET~~

SECRET

**SECRET**  
(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA					2. L.D.N.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH		
Julia C. Charlotte		VII		11		Jan. 12, 1921		
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)		
Spanish		P-A-N		Oct. 1, 1957		Sept. 2, 1957		
11. TEST PURPOSE		12. TEST SCORES		13. ELIGIBILITY (30)				
AWARD SKILL		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)	AWARDABLE A-P-M	NOT AWARDABLE
14. I CERTIFY THIS EMPLOYEE FOR AWARD		15. TYPE OF AWARD						
SIGNATURE		DATE		A-M	B-I-H	C	R-W-B	
				11	12		13	
16. AMOUNT OF AWARD		\$ 100.00		17. CERTIFY THAT FUNDS ARE AVAILABLE				
18. FEDERAL TAX DEDUCTION		\$		OBLIGATION REF. NO.		SIGNATURE		
19. STATE/DC TAX DEDUCTION		\$		20. CHARGE ALLOTMENT NO.		DATE		
21. NET AMOUNT OF AWARD		\$		22. EMPLOYEE PAYROLL NO.				
23. FORWARD CHECK TO				24. ALLOTMENT OF ASSIGNMENT				
				25. CHECK NO.		DATE		

FORM 4-58 1273 USE PREVIOUS EDITIONS

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1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA					2. L.D.N.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH		
Julia C. Charlotte		VII		11		Jan. 12, 1921		
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)		
Spanish		P-A-N		Oct. 1, 1957		Sept. 2, 1957		
11. TEST PURPOSE		12. TEST SCORES		13. ELIGIBILITY (30)				
AWARD SKILL		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)	AWARDABLE A-P-M	
14. I CERTIFY THIS EMPLOYEE FOR AWARD		15. TYPE OF AWARD						
SIGNATURE		DATE		A-M	B-I-H	C	R-W-B	
				11	12		13	
16. AMOUNT OF AWARD		\$ 100.00		17. CERTIFY THAT FUNDS ARE AVAILABLE				
18. FEDERAL TAX DEDUCTION		\$		OBLIGATION REF. NO.		SIGNATURE		
19. STATE/DC TAX DEDUCTION		\$		20. CHARGE ALLOTMENT NO.		DATE		
21. NET AMOUNT OF AWARD		\$		22. EMPLOYEE PAYROLL NO.				
23. FORWARD CHECK TO		NO. 77 MOL SMC MIL		24. ALLOTMENT OF ASSIGNMENT				
				25. CHECK NO.		DATE		

FORM 4-58 1273 USE PREVIOUS EDITIONS

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(1-6)	LANGUAGE DATA RECORD		
PART I-GENERAL			
1. NAME (Last-First-Middle) (7-26)		2. DATE OF BIRTH (18-30) MONTH DAY YEAR	
ZEHKUNG, Charlotte Louise		January	12 1929
3. LANGUAGE (21-23)	4. TODAY'S DATE (24-26) MONTH DAY YEAR		5.
Spanish 720	April	2	1957
<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE			
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY. (2) 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY. 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY. 4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY. 5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH PLEASABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY PARTLY.  2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY PARTLY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH PLEASABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.  (3) 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.  4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.  5. I CANNOT WRITE IN THE LANGUAGE.			
SECTION C. Pronunciation (42)			
1. MY PRONUNCIATION IS NATIVE.  2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.  (3) 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.  4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.  5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			

## CONTINUATION OF PART II-LANGUAGE ELEMENTS

## SECTION D.

## Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

## SECTION E.

## Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND FUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

## PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

## PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 251715, PAR, IC(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED	SIGNATURE
2 April 1957	<i>Charlotte E. Federow</i>
1463	(C) 1623

HEADLINE: 19 Sept. 1952

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ZEBRINO, Charlotte L.  
 Name: Last, First Middle

C-1000

PC

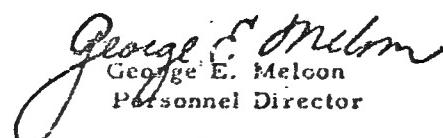
Q111111111  
 DATE 10-8-52

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.
2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.
3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.



George E. Melcon  
 George E. Melcon  
 Personnel Director

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**PERSONNEL QUALIFICATION QUESTIONNAIRE**

1. Serial No. (no entry)	2. NAME: (last) (first) (middle)			3. Office
7667	ZEHRING	Charlotte	Luisa	PI
4. Date of Birth 12 Jan. 1929	5. Sex: <input checked="" type="checkbox"/> female (2)	Martial Status <input type="checkbox"/> a Nr. Dependents 0	6. CIA Entry Date: August 1951	
7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) Marriage (3) Naturalization (4) Other(specify) Year U.S. citizenship acquired, if not by birth _____			

**SEC. I. EDUCATION**

1. Extent: (circle one)

- |  |                               |   |
|--|-------------------------------|---|
| 1. Less than high school                               | 4. Two years college, or less | 8. Masters degree                               |
| 2. High school graduate                                | 5. Over two years, no degree  | 9. Doctors degree                               |
| 3. Trade, Business or<br>Commercial school<br>graduate | ⑥ Bachelor degree             | 7. Post-graduate study<br>(minimum 8 sem. hrs.) |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd	Sem Hrs
			From	To	Day	Night		
Syracuse University	Econ.	Span.	9/46	1/50	4		B. A.	115
San Carlos University	Span.		7/48	9/49				5

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
Miami Jacobs Business College	5/50	12/50	?	typing and shorthand

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

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## SEC. II. WORK EXPERIENCE

1. CIA Experience: State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>1/52</u> To <u></u> Tot. mos. <u></u>	Description of Duties: I have the responsibility of disseminating and routing all reports received from our station, take appropriate action on
Grade <u>7</u> Salary <u>31205.00</u>	reports received from other agencies by forwarding this information to the field or supplying requested data. I inform the field of additional info at Headquarters on individuals and organizations as requested or as deemed necessary. I also maintain Duty Station, if overseas: two CE notebooks.
Office <u>PI/DH/Brazil</u>	
Position	
Title: <u>Intelligence Officer</u>	
Duty	
Title: <u>Reports Officer</u>	
From <u>12/51</u> To <u>1/52</u> Tot. mos. <u>5</u>	Description of Duties:
Grade <u>5</u> Salary <u>33410.00</u>	Same as above with a Sub-station. I had less individual responsibility.
Office <u>PI/DH/Brazil</u>	
Position	
Title: <u>Intelligence Officer</u>	
Duty	
Title: <u>Reports Officer</u>	Duty Station, if overseas:
From <u>11/51</u> To <u></u> Tot. mos. <u>1</u>	Description of Duties:
Grade <u>5</u> Salary <u>33410.00</u>	As a casual I typed dispatches, memoranda, and dissemination for Branch II. I took a limited amount of shorthand.
Office <u>PI/SH/II</u>	
Position	
Title: <u>Secretary (Stenography)</u>	
Duty	
Title:	Duty Station, if overseas:
From <u>9/51</u> To <u></u> Tot. mos. <u>1</u>	Description of Duties:
Grade <u>5</u> Salary <u>33410.00</u>	I assembled disseminated reports.
Office <u>P2</u>	
Position	
Title: <u>Secretary (Stenography)</u>	
Duty	
Title:	Duty Station, if overseas:

Two months in the pool attending classes & setting up filing system for Russian  
SECRET Index cards.

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**SECRET****Security Information****SEC. II. WORK EXPERIENCE (CONT'D.)**

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>1/51</u> To <u>2/51</u> Tot. mo's <u>1</u>	Exact Title of your position _____ Statistical Draftsman
Classification Grade(if in Federal Service) <u>3</u> Salary <u>\$2650/mo.</u>	Description of Duties: I did statistical drafting, cartography, marking of blueprints, etc., and handled other related office work.
Number and Class of Employees Supervised: <u>none</u>	Duty Station if overseas:
Employer <u>Department of Interior</u>	Exact Title of your position _____
Kind of Business or organization (i.e., paper products mfr, public utility)	Description of Duties: An as assistant to the executives I was responsible for purchasing stock for the gift shoppe and I assisted clerks and greenhouse employees. I had full responsibility of the books and cash. I made reports on the business and acted as sales clerk for the shoppe
From <u>5/50</u> To <u>3/51</u> Tot. mo's <u>11</u>	Duty Station if overseas: <u>and a landscaping busi-</u>
Classification Grade(if in Federal Service) <u>5</u> Salary <u>\$1.10/hr.</u>	Exact Title of your position _____ Assistant Bookkeeper
Number and Class of Employees Supervised: <u>2 - 5 clerks</u>	Description of Duties: I made monthly financial reports, had the responsibility of the books, did typing and other general office work.
Employer <u>National Peanut Council</u>	Duty Station if overseas:
Kind of Business or organization (i.e., paper products mfr, public utility) <u>trade association</u>	Exact Title of your position _____
From <u>2/50</u> To <u>5/50</u> Tot. mo's <u>14</u>	Description of Duties: <u>I worked one month</u>
Classification Grade(if in Federal Service) <u>5</u> Salary <u>\$200 / mo.</u>	In the office of the Chemical laboratory and two months in the factory.
Number and Class of Employees Supervised:	Duty Station if overseas:
Employer <u>Prudential Co., Inc., To</u>	Exact Title of your position _____
Kind of Business or organization (i.e., paper products mfr, public utility)	Description of Duties: _____
From <u>6/47</u> To <u>8/47</u> Tot. mo's <u>3</u>	Duty Station if overseas:
Classification Grade(if in Federal Service) <u>Salary</u>	Exact Title of your position _____
Number and Class of Employees Supervised:	Description of Duties: <u>I worked one month</u>
Employer <u>Prudential Co., Inc., To</u>	In the office of the Chemical laboratory and two months in the factory.
Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas:
From <u>To</u> Tot. mo's <u></u>	Exact Title of your position _____
Classification Grade(if in Federal Service) <u>Salary</u>	Description of Duties: _____
Number and Class of Employees Supervised:	Duty Station if overseas:
Employer	SECRET
Kind of Business or organization (i.e., paper products mfr, public utility)	Security Information

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**SEC. II. WORK EXPERIENCE (CONT'D)**

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- |    |                              |    |                              |
|----|------------------------------|----|------------------------------|
| 01 | U.S. Secret Service          | 24 | Air Force A-2                |
| 02 | Civil Police                 | 25 | Foreign Economic Admin.      |
| 03 | Military Police              | 26 | Counter Intelligence Corps   |
| 04 | U.S. Border Patrol           | 27 | Immigration & Naturalization |
| 05 | U.S. Narcotics Squad         | 28 | Strategic Services Unit      |
| 06 | FBI                          | 29 | Foreign Service, State Dept. |
| 07 | Criminal Investigation Div.  | 30 | Central Intelligence Group   |
| 21 | Office of Naval Intelligence | 31 | Armed Forces Security Agency |
| 22 | Office of War Information    | 32 | Coordinator of Information   |
| 23 | Army G-2                     | 33 | Office of Facts & Figures    |
| 20 | Office of Strategic Services | 34 | Board of Economic Warfare    |
|    |                              | 35 | Federal Communications Comm. |

**SEC. III. FOREIGN LANGUAGES**

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check ( X ) your competence and how acquired.

**LANGUAGE**

LANGUAGE	COMPETENCE				HOW ACQUIRED			
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research *#	Adequate for Travel	Limited Knowledge	Native of Country	Prolonged Residence	Contact (Parents, etc.)
Spanish	x						x	
French		x					x	x
Portuguese		x					x	

\* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein

\*\*Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality.

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**SEC. IV. AREA KNOWLEDGE**

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
South America	1. gem econ and mro.			x
Guatemala	7/43 to 8/48	x		
Mexico	7/46		x	

## 2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

**SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)**

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Often
Typing	1. drafts	2.	60	1. Yes 2. x No
Shorthand	1. none	2.	70	1. Yes 2. x No
Shorthand System:	1. x Manual	2. Machine	3. Speedwriting.	

**SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS**

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. painting, skiing

**SEC. VII. PROFESSIONAL AND ACADEMIC HONORS**

List any professional or academic associations or honorary societies in which you hold membership.

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**SEC. VIII. PUBLICATIONS**

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.


**SEC. IX. INVENTIONS**

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

**SEC. X. CIA TESTS**

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken
typing, shorthand, general intelligence exam	8/1951
exam for reports officer	2/12/2

**SEC. XI. PHYSICAL HANDICAPS**

List any physical handicaps you may have.


**SEC. XII. OVERSEAS ASSIGNMENT**

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour    (2) 4 year Tour    (3) Not interested \_\_\_\_\_

**SEC. XIII. WORK ASSIGNMENT**

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

I feel I am best qualified for a reports or research position.

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#### **SEC. XIV. MILITARY STATUS**

- 1. Present Draft Status**  
Have you registered under the Selective Service Act of 1948? Yes No.  
If yes, indicate your present draft classification \_\_\_\_\_

**2. Present Reserve or National Guard Status**  
Do you now have Reserve or National Guard Status Yes No.  
If yes, complete the following.  
1. National Guard  
2. Air National Guard  
3. Active Reserve Status (member of organized unit)  
4. Inactive Reserve Status

**Service**                    **Grade**                    **Location**

**Reserve Unit with which currently affiliated** \_\_\_\_\_

**Location of Service Records, if known:**

## SEC. XV. CIA TRAINING

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from)	Dates (to)	Hours
Orientation course	8-11 Jan 1972	9-12 am	

SEC. XVI. REMARKS

Use this space to indicate any other qualifications you may have which you do not describe above.

**DATE** 18 September 1952

SIGNATURE.

 SECRET Security Information

STANDARD FORM 57-NOV. 1947 U. S. CIVIL SERVICE COMMISSION		APPLICATION FOR FEDERAL EMPLOYMENT	
<p><b>INSTRUCTIONS:</b> In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or write in print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.</p>			
ANNOUNCEMENT NO. 9	1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR		
	2. OFFICES (as mentioned in examination announcement)		
	3. PLACE OF EMPLOYMENT APPLIED FOR (City and State) <b>Washington, D. C.</b>		4. DATE OF THIS APPLICATION
	5. MR. MRS. MISS <b>Charlotte L. Zehrung</b>		(First name) (Middle) (Maiden, if any) (Last)
	6. ADDRESS AND NUMBER OR R. D. NUMBER <b>1401 - 16th St., N. W.</b>		
	7. CITY OR POST OFFICE (including postal zone) AND STATE <b>Washington, D. C.</b>		8. OFFICE PHONE (181 HOME PHONE <b>RE 1820 X 732</b> )
	9. DATE OF BIRTH (month, day, year) <b>1-12-29</b>		10. NO. 5450 <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE
	11. PLACE OF BIRTH (City and State; if born outside U. S., name city and country) <b>Dayton, Ohio</b>		12. HEIGHT WITHOUT SHOES <b>5 FEET 8 INCHES</b>
	13. WEIGHT <b>125 POUNDS</b>		14. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
15. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ ..... per year You will not be considered for any position with a lower entrance salary. (b) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS		<p>(d) CHECK IF YOU WILL ACCEPT APPOINTMENT IF OFFERED:  <input type="checkbox"/> IN WASHINGTON, D. C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES  <input type="checkbox"/> OUTSIDE THE UNITED STATES</p> <p>(e) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS</p>	
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment			
(f) IF YOU ARE WILLING TO TRAVEL, SPECIFY <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY			
<p>16. EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing offices of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent relations, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activities. Military experience should be described in the spaces below in 18 pages requested.</p> <p>(g) If you were ever employed in any position under a name different from that shown in Item 8 of this application, give under "Former Name" of your work. For each position, the name used.</p> <p>(h) If you have never been employed or are now unemployed, indicate this fact in the space provided below for "Present Position."</p>			
PRESENT POSITION			
DATE OF EMPLOYMENT (month, year) <b>FROM: 4-51 TO PRESENT TIME</b>	EXACT TITLE OF YOUR PRESENT POSITION <b>Statistical Draftsman</b>	CLASSIFICATION GRADE <b>3</b>	SALARY OR COMPENSATION <b>2500 per yr.</b>
PLACE OF EMPLOYMENT (City and State) <b>Washington, D. C.</b>	NAME AND TITLE OF IMMEDIATE SUPERVISOR <b>Mrs. Mildred Moorman</b>	STARTING PAY <b>2500 per yr.</b>	PRESERVE <b>per yr.</b>
NAME AND ADDRESS OF EACH AGENT, ORGANIZATION, OR PERSON, IF FEDERAL, NAME DEPARTMENT, BUREAU OR ESTABLISHMENT, AND DIVISION <b>Board of Geographical Names Department of Interior</b>		NAME OF BUSINESS OR ORGANIZATION (if a wholesale and distribution agency, manufacturer of goods, etc.)	
NUMBER AND KIND OF EDUCATION RECEIVED BY YOU <b>none</b>		REASON FOR DESIRING TO CHANGE EMPLOYMENT	
DESCRIPTION OF TO BE ADDED <b>statistical drafting typing marking diacritics</b>			

(CONTINUED ON NEXT PAGE)

16 CONTINUED					
(2) DATES OF EMPLOYMENT (month, year) FROM 5/50 TO 3/51		EXACT TITLE OF YOUR POSITION Bookkeeper-Clerk	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 1.00 FINAL \$ 1.10 PER HR	
PLACE OF EMPLOYMENT (City and State) Dayton, Ohio		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. Ray F. McKechnie			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) San Rae Gardens, R. R. 11 Dayton 9, Ohio		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of books, etc.) Nursery and Gift Shoppe			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 2 - 6 clerks		REASON FOR LEAVING New Job			
DESCRIPTION OF YOUR WORK Bookkeeper Clerk Made reports on stock and ordered wholesale Made reports for the executives on the business, finances, etc.					
(3) DATES OF EMPLOYMENT (month, year) FROM 2/50 TO 5/50		EXACT TITLE OF YOUR POSITION Asst. Bookkeeper	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 200 FINAL \$ 200 PER MO	
PLACE OF EMPLOYMENT (City and State) Washington, D. C.		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. William F. Seals, Prog.			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) National Peanut Council 1111 Dupont Circle Blg. Washington, D. C.		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of books, etc.) Trade Association			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none		REASON FOR LEAVING New Job			
DESCRIPTION OF YOUR WORK Bookkeeping Filing General office work Financial reports					
(4) DATES OF EMPLOYMENT (month, year) FROM 6/47 TO 8/47		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 1 FINAL \$ 1 PER PER	
PLACE OF EMPLOYMENT (City and State) Dayton, Ohio		NAME AND TITLE OF IMMEDIATE SUPERVISOR Mr. Herbert Hauderman Personnel			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division) Frigidaire, Plant 2 Dayton 9, O.		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale silk, insurance agency, manufacturer of books, etc.) Manuf. of Frigidaire			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU none		REASON FOR LEAVING return to college			
DESCRIPTION OF YOUR WORK Secretary in Chemical Dept. Worked in factory					

(5) DATES OF EMPLOYMENT (Month, year) FROM _____ TO _____		EXACT TITLE OF YOUR POSITION		CLASSIFICATION GRADE (U.S. GOVERNMENT SERVICE)		SALARY OR EARNINGS STARTING & FINAL	PER PER				
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR									
NAME AND ADDRESS OF EMPLOYER (Name, organization, or person, if Federal name department, Bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale job, insurance agency, manufacturer of tools, etc.)									
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING									
DESCRIPTION OF YOUR WORK											
If more space required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of the application.											
17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist appointing officers in placing you most effectively. Indicate actual amount of training received, plus hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra pages may be used to give full descriptions.)											
DATES FROM _____ TO _____		LOCATION		DESCRIPTION OF TRAINING							
18 EDUCATION (Circle highest grade completed):											
1	2	3	4	5	6	7	8	9	10	11	12
MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF											
<input checked="" type="checkbox"/> DIPLOMA DEAN <input type="checkbox"/> ACADEMIC CHIEF <input checked="" type="checkbox"/> SENIOR HIGH SCHOOL											
(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY		MAJOR AND SPECIALTY		DATES ATTENDED		YEARS COMPLETED		DEGREES CONFERRED		HOURS CREDITED	
Syracuse Univ., Syracuse, N.Y. San Carlos Univ., Guatemala City, Span Miami Jacobs Business College, Stere,		Econ. Business Admin. Finance		9-40 7-48 5-50		1-50 8-48 12-50		BA Amo		1-50 Amo	
(D) LIST YOUR COLLEGE UNDERGRADUATE DAYTON, OHIO SUBJECTS		Economics Spanish		20 23							
LIST YOUR COLLEGE GRADUATE SUBJECTS											
(E) OTHER TRAINING SUCH AS IN-SATURNAL BUSINESS STUDY COURSES GULF STREAM, THE AMERICAN INSTITUTE (Show name and location of school) OR EQUIVALENT TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT											
19. INULATE WRITING AND SPEECH OF FOREIGN LANGUAGES		READING	SPEAKING	UNDERSTANDING		DATES ATTENDED		YEARS COMPLETED			
Spanish.....		X	X	X	X	FROM _____ TO _____	DAY _____ NIGHT _____				
French.....		X	X	X	X						
20. IF YOU HAVE TRAVELED OVERSEAS IN ANY FOEDERAL COUNTRY INDICATE NUMBER OF COUNTRIES (2 STATES AND LENGTH OF TIME SPENT THERE AND COUNTRY) AND INDICATE IF IT WAS MILITARY SERVICE, BUSINESS, EDUCATIONAL, RECREATIONAL											
Guatemala 7/4-8/48 Education Mexico 7/4-8/48 Travel											
21. LIST ANY SPECIAL SKILLS YOU POSSESS AND INDICATE IF YOU CAN USE THEM IN YOUR POSITION BY TAKING A STATE EXAMINATION, CERTIFICATE, CERTIFICATION, LICENSE, SCIENTIFIC OR PROFESSIONAL SOCIETY, ETC.											
Calculator											
APPROVED BY: ALICE M. STAVIS FOR APPROVAL IN FEB 1963 60 POSTCARD 20											
22. DO YOU HAVE EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (SUCH AS pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO GIVE KIND OF LICENSE AND STATE											
23. DO YOU HAVE SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN THIS APPLICATION SUCH AS PRACTICAL WORK EXPERIENCE, OPERATIONS (DO NOT INCLUDE COMPUTER OPERATIONS UNLESS REQUESTED)											
<input type="checkbox"/> PRACTICAL WORK EXPERIENCE <input type="checkbox"/> PUBLIC RELATIONS EXPERIENCE <input type="checkbox"/> MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES, ETC. <input type="checkbox"/> AWARDS AND RECOGNITION RECEIVED											

<p><b>24 REFERENCES:</b> List three persons living in the United States or Territory of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Give name and address of supervisor listed under Item 16 (EXPERIENCE).</p>			
<p>FULL NAME</p>		<p>(Give complete current address, including street and number)</p>	
<p>1. Mr. John Lewis</p>		<p>Oakwood High School, Dayton 9, O.</p>	
<p>2. Miss Theodosia Moran</p>		<p>Cazenovia R. D. 2, N. Y.</p>	
<p>3. Mr. Harry Schwartz</p>		<p>Univ. of Syracuse, Syracuse, N. Y.</p>	
<p>INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN</p>		<p>YES</p>	<p>NO</p>
<p>25. MAY INQUIRIES MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.?</p>		<p>X</p>	
<p>26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?</p>		<p>X</p>	
<p>27. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?</p>		<p>X</p>	
<p>28. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?</p>		<p>X</p>	
<p>29. ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OR CHAOS, CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?</p>		<p>X</p>	
<p>If your answer to question 27, 28, or 29 above is "yes," state in Item 19 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.</p>			
<p>30. SINCE YOUR LAST BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING OR COMMITTED, FINED OR IMPRISONED OR PLACED ON PROBATION OR HAD YOU EVER BEEN ORDERED TO PAY BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)?</p>		<p>X</p>	
<p>If your answer is "yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If applicable, give fingerprints.</p>			
<p>31. HAVE YOU EVER BEEN DISCHARGED OR EXEMPTED FROM MILITARY DUTY OR UNSATISFACTORILY SERVED FROM ANY POSITION?</p>		<p>X</p>	
<p>If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.</p>			
<p>32. HAVE YOU EVER BEEN DRAINED BY THE U.S. CIVIL SERVICE COMMISSION FOR FAILING TO DEMONSTRATE ACCEPTABLE CIVIL SERVICE APPOINTMENT?</p>		<p>X</p>	
<p>If your answer is "Yes," give date of and reasons for such disbarment in Item 39.</p>			
<p>33. HAVE YOU ANY PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK?</p>		<p>X</p>	
<p>If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.</p>			
<p>34. DO YOU RECEIVE AN AMBENT FROM THE UNITED STATES OR PRINCIPAL GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FROM MILITARY OR NAVAL SERVICE?</p>		<p>X</p>	
<p>If your answer is "Yes," give complete details in Item 39.</p>			
<p>35. SPACE FOR TAKED NOTES TO OTHER QUESTIONS (Indicate Item Number to which answers apply)</p>			
ITEM NO.		YES	NO
1			
2			
3			
4			
5			
6			
7			
8			
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10			
11			
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30			
31			
32			
33			
34			
35			
<p>If more space is required, use pages the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to back of this application.</p>			
<p>Before signing this application check back over it to make sure that you have answered ALL questions correctly.</p>			
<p>I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</p>			
<p>False statement on this application is punishable by Law (U. S. Code, Title 18, Section 46).</p>			
<p>SIGNATURE OF APPLICANT <i>Charles T. Zehring</i></p>			
<p>Print name, state sex, state marital status, and age. If female, give full name of husband if married; if single, give name on "M-A" line L (Age)</p>			

As of 5 July, 1951, Subject's  
Washington address is

3817 Davis place, N.W.  
Phone - Ordway 1618

## **PERSONAL HISTORY STATEMENT**

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? YES  
(Yes or No)

**SEC. I. PERSONAL BACKGROUND**

Telephone:  
Office RE 1820.  
Ext. 4691....  
Home SQ. 5450

PRESENT ADDRESS ..... 1401-16th St., N. W., Washington, D. C. .... USA.....  
(Street and Number) (City) (State) (Country)

**PERMANENT ADDRESS** ...San. Rae .Gardena... Dayton.9...Ohio.RR.11....USA.....  
(St. and Number) (City) (State) (Country)

B. NICKNAME Ezreal WHAT OTHER NAMES HAVE YOU USED? none

..... UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? ..... started to use it at school .....

HOW LONG? 5 yrs IF A LEGAL CHANGE, GIVE PARTICULARS.....

(By whom authority) \_\_\_\_\_  
C. DATE OF BIRTH 1/12/29 PLACE OF BIRTH Dayton Ohio USA

D. PRESENT CITIZENSHIP .... USA .... BY BIRTH? .... yes .... BY MARRIAGE? .... no ....  
(Country)

BY NATURALIZATION CERTIFICATE NO. no ISSUED ..... BY .....  
(Date) (Court)

AT \_\_\_\_\_ (State) \_\_\_\_\_ (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY?  YES  NO

FIELD INVESTIGATOR'S STATEMENT

10. The name of the country where the institution is located  
**(Country)**

**GIVE PRACTICALLY** \_\_\_\_\_

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? DO . . . GIVE PARTICULARS:

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? \_\_\_\_\_

PORT OF ENTRY? ..... ON PASSPORT OF WHAT COUNTRY? \_\_\_\_\_

LAST U. S. VISA ..... (Number) ..... (Type) ..... (Place of Issue) ..... (Date of Issue)

**SEC. 2. PHYSICAL DESCRIPTION**

AGE 22 SEX F HEIGHT 5' 8" WEIGHT 126  
 EYES blue HAIR brown COMPLEXION med. SCARS none  
 BUILD slender OTHER DISTINGUISHING FEATURES \_\_\_\_\_

**SEC. 3. MARITAL STATUS**A. SINGLE  MARRIED ..... DIVORCED ..... WIDOWED .....

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS .....

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE ..... (First) ..... (Middle) ..... (Maiden) ..... (Last)

PLACE AND DATE OF MARRIAGE .....

HIS (OR HER) ADDRESS BEFORE MARRIAGE ..... (St. and Number) ..... (City) ..... (State) ..... (Country)

LIVING OR DECEASED ..... DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS ..... (St. and Number) ..... (City) ..... (State) ..... (Country)

DATE OF BIRTH ..... PLACE OF BIRTH ..... (City) ..... (State) ..... (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....

CITIZENSHIP ..... WHEN ACQUIRED? ..... WHERE? ..... (City) ..... (State) ..... (Country)

OCCUPATION ..... LAST EMPLOYER .....

EMPLOYER'S OR BUSINESS ADDRESS ..... (St. and Number) ..... (City) ..... (State) ..... (Country)

MILITARY SERVICE FROM ..... TO ..... BRANCH OF SERVICE .....  
(Date) ..... (Date)

COUNTRY ..... DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

## SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents): none

1. NAME .....	RELATIONSHIP .....	AGE .....
CITIZENSHIP .....	ADDRESS .....	(St. and Number) (City) (State) (Country)
2. NAME .....	RELATIONSHIP .....	AGE .....
CITIZENSHIP .....	ADDRESS .....	(St. and Number) (City) (State) (Country)
3. NAME .....	RELATIONSHIP .....	AGE .....
CITIZENSHIP .....	ADDRESS .....	(St. and Number) (City) (State) (Country)

## SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Samuel Danford Zehrung  
 (First) (Middle) (Last)

LIVING OR DECEASED living DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH 1/23/1892 PLACE OF BIRTH Roseville, Ohio USA  
 (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....

CITIZENSHIP USA WHEN ACQUIRED? birth WHERE? (City) (State) (Country)

OCCUPATION Landscape Architect LAST EMPLOYER own employer - over 20 yrs.

EMPLOYER'S OR OWN BUSINESS ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
 (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM        TO        BRANCH OF SERVICE .....

COUNTRY ..... DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

## SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Hazel Charlotte Jackson Zehrung  
 (First) (Middle) (Last)

LIVING OR DECEASED living DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
 (St. and Number) (City) (State) (Country)

DATE OF BIRTH 10/17/1896 PLACE OF BIRTH Montague, Michigan USA

CITIZENSHIP USA WHEN ACQUIRED? birth WHERE? (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....

(4)

OCCUPATION housewife LAST EMPLOYER Detroit Board of Education 102  
 EMPLOYER'S OR OWN BUSINESS ADDRESS \_\_\_\_\_  
 (St. and Number) (City) (State) (Country)  
 MILITARY SERVICE FROM      TO      BRANCH OF SERVICE \_\_\_\_\_  
 COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
 \_\_\_\_\_

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**SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters):**

1. FULL NAME Nancy Zehrung AGE 21  
 (First) (Middle) (Last)  
 PRESENT ADDRESS Verity Hall, Middletown Hospital, Middletown, Ohio, USA  
 (St. and Number) (City) (State) (Country) (Citizenship) USA  
 2. FULL NAME Dorothy Jon Zehrung AGE 17  
 (First) (Middle) (Last)  
 PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
 (St. and Number) (City) (State) (Country) (Citizenship) USA  
 3. FULL NAME Mary Elizabeth Zehrung AGE 16  
 (First) (Middle) (Last)  
 PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
 (St. and Number) (City) (State) (Country) (Citizenship) USA  
 4. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 (First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_  
 (St. and Number) (City) (State) (Country) (Citizenship)  
 5. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
 (First) (Middle) (Last)  
 PRESENT ADDRESS \_\_\_\_\_  
 (St. and Number) (City) (State) (Country) (Citizenship)

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**SEC. 8. FATHER-IN-LAW**

FULL NAME \_\_\_\_\_  
 (First) (Middle) (Last)  
 LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
 PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
 (St. and Number) (City) (State) (Country)  
 DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
 (City) (State) (Country)  
 OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

14-62465-1

**SEC. 9. MOTHER-IN-LAW**

FULL NAME ..... (First) ..... (Middle) ..... (Last) .....  
 LIVING OR DECEASED ..... DATE OF DECEASE ..... CAUSE .....  
 PRESENT, OR LAST, ADDRESS ..... (St. and Number) ..... (City) ..... (State) ..... (Country) .....  
 DATE OF BIRTH ..... PLACE OF BIRTH .....  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....  
 CITIZENSHIP ..... WHEN ACQUIRED? ..... WHERE? ..... (City) (State) (Country)  
 OCCUPATION ..... LAST EMPLOYER .....

**SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:**

1. NAME Col. Paul Zehrung ..... RELATIONSHIP cousin ..... AGE 38 .....  
 CITIZENSHIP USA ..... ADDRESS HQ USA FE, APO 633 ..... Post Master  
(St. and Number) (City) (State) (Country)  
 2. NAME distant relatives in Sweden ..... RELATIONSHIP ..... AGE .....  
Grandparents on Mother's side came from Sweden .....  
 CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)  
 3. NAME ..... RELATIONSHIP ..... AGE .....  
 CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)

**SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:**

1. NAME Col. Paul Zehrung ..... RELATIONSHIP cousin ..... AGE 38 .....  
 CITIZENSHIP USA ..... ADDRESS HQ USA FE, APO 633 ..... Post Master  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Director of Maintenance HQ USA FE  
 2. NAME Major Jack Macklin ..... RELATIONSHIP cousin ..... AGE 31 .....  
 CITIZENSHIP USA ..... ADDRESS Washington, D. C. ..... USA  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Pentagon, Washington, D. C. .....  
 3. NAME Mrs. Elsie Dicker ..... RELATIONSHIP Aunt ..... AGE 55 .....  
 CITIZENSHIP USA ..... ADDRESS 814 N 29th St., Billings, Mont. ..... USA  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Social work - Dent. of Interior  
(S) located in Montana

**SEC. 12. POSITION DATA**

A. KIND OF POSITION APPLIED FOR: Administrative position with Latin America, Economist, Statistician, or temporarily as a Stenographer.....

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,100  
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY   
FREQUENTLY , CONSTANTLY

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C.   
ANYWHERE IN THE UNITED STATES , OUTSIDE THE UNITED STATES

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:

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**SEC. 13. EDUCATION**

ELEMENTARY SCHOOL West Carrollton ADDRESS West Carrollton, O. USA  
(City) (State) (Country)

DATES ATTENDED 1933 - 1944 GRADUATE? Yes

HIGH SCHOOL Oakwood High School ADDRESS Dayton 9, Ohio USA  
(City) (State) (Country)

DATES ATTENDED 1944 - 1946 GRADUATE? Yes

COLLEGE Syracuse University ADDRESS Syracuse, New York USA  
(City) (State) (Country)

MAJOR AND SPECIALTY Economics & Spanish YEARS COMPLETED 4

DATES ATTENDED 1946 - 1950 DEGREE BA

COLLEGE Universidad de San Carlos ADDRESS Guatemala City, Guatemala C.A.  
(City) (State) (Country)

MAJOR AND SPECIALTY Spanish YEARS COMPLETED 5 credits

DATES ATTENDED summer 1948 DEGREE none given

CHIEF UNDERGRADUATE COLLEGE SUBJECTS economics - statistics

Spanish grammar - literature

CHIEF GRADUATE COLLEGE SUBJECTS

## SEC. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE      none

(Country)	(Service)	(Rank)	(Dates of Service)
(Last Station)	(Serial Number)		(Type of Discharge)

REMARKS:

SELECTIVE SERVICE BOARD NUMBER ..... ADDRESS .....

IF DEFERRED GIVE REASON .....

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS .....

## SEC. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM 4/51 TO    CLASSIFICATION GRADE 3  
(IF IN FEDERAL SERVICE) .....EMPLOYING FIRM OR AGENCY Board of Geographic Names  
Interior Bldg.ADDRESS C. & 18th Sts., N. W., Washington, D. C. USA  
(St. and Number) (City) (State) (Country)KIND OF BUSINESS Mrs. Mildred KoornmanTITLE OF JOB Statistical Draftsman SALARY \$ 2,000.00 PER Wk.YOUR DUTIES drawing diagrams, drafting, typingREASONS FOR LEAVING better position more in my interestsFROM 5/50 TO 4/51 CLASSIFICATION GRADE 3  
(IF IN FEDERAL SERVICE) .....EMPLOYING FIRM OR AGENCY San Kao Gardens, Inc.ADDRESS Box 240 Dayton 9, R. R. 11 Ohio USA  
(St. and Number) (City) (State) (Country)KIND OF BUSINESS Nursery NAME OF SUPERVISOR Ray McKeonieTITLE OF JOB clerk SALARY 1.10 PER hr.YOUR DUTIES bookkeeping, piping, cleaning, making financial reports, ordering wholesale, making floral arrangementsREASONS FOR LEAVING to take a job more in line with my training

(8)

FROM 2/50 TO 5/50 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY National Peanut Council

ADDRESS 1111 Dupont Circle Building, Washington, D. C. USA  
(Street and Number) (City) (State) (Country)

KIND OF BUSINESS Trade Assoc. NAME OF SUPERVISOR Mr. William E. Seals

TITLE OF JOB Asst. Bookkeeper SALARY \$ 200 PER Mo.

YOUR DUTIES bookkeeping, filing, general office work, financial reports

REASONS FOR LEAVING return home to help my father in his business

FROM 6/47 TO 8/47 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Frigidaire, General Motors

ADDRESS Plant #2 Dayton 9, Ohio USA  
(Street and Number) (City) (State) (Country)

KIND OF BUSINESS manuf. NAME OF SUPERVISOR Mr. Herbert Haldeman

TITLE OF JOB ..... SALARY \$ ..... PER .....

YOUR DUTIES office work in the chemical laboratories  
work in the factory proper

REASONS FOR LEAVING return to college

FROM 4-48 TO 5-48 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Grants 5/10 Store

ADDRESS Syracuse, New York USA  
(Street and Number) (City) (State) (Country)

KIND OF BUSINESS 35079 NAME OF SUPERVISOR .....

TITLE OF JOB clerk SALARY \$ ..... PER .....

YOUR DUTIES waited on customers in the flower department

REASONS FOR LEAVING just a part-time temporary position for Easter

10-2020-1

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NO

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish SPEAK fluent READ fluent WRITE fluent

LANGUAGE French SPEAK slight READ fair WRITE fair

LANGUAGE SPEAK READ WRITE

B. LIST ALL SPORTS AND Hobbies WHICH INTEREST YOU; INDICATE DEGREE OF PROFICIENCY IN EACH:

Art-drawing, painting, crafts, studied at school - good

Swimming, good; Reading; Knitting, good; Basketball, fair;  
tennis, fair

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

I have spent a summer in Guatemala, living with a Guatemalan family, learning the life and ways of a Spanish family and city.

I have quite a complete knowledge of the florist business from helping my father over a period of about 8 years.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

calculator

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING ... 60. SHORTHAND ... 70.

(10)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

NO

IF YES, INDICATE KIND OF LICENSE AND STATE .....

FIRST LIC. OR CERTIFICATE (YR) ..... LATEST LIC. OR CERTIFICATE (YR) .....

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.
- (4) HONORS AND FELLOWSHIPS RECEIVED

3-I did a lot of extemp and declamation work in public speaking contests in high school. I am a member of the National Forensic League.

4-I received a partial scholarship from Chapel at Syracuse University.

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

NO

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

NO

**SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)**

	Street and Number	City	State
1. Mr. John Lewis	BUS. ADD. Oakwood High School	Dayton	Ohio
	RES. ADD. NA		
2. Mr. Herbert Holderman	BUS. ADD. Frigidaire, Plant 2	Dayton 9	Ohio
	RES. ADD. 11 Winding Way	Dayton 9	Ohio
3. Mr. Albert F. Kuhl, M.D.	BUS. ADD. Harries Bldg.	Dayton	Ohio
	RES. ADD. NA		
4. Mr. George Pohlmeyer	BUS. ADD. NA		
	RES. ADD. 96 Winding Way	Dayton	Ohio
5. Miss Katherine Smith	BUS. ADD. NA		
	RES. ADD. 59 Wilshire	Dayton 9	Ohio

**SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)**

	Street and Number	City	State
1. Miss Theodosia Moran	BUS. ADD. NA		
	RES. ADD. R. R. 2	Cazenovia	N. Y.
2. Mrs. Ed Eastin	BUS. ADD. San Rae Gardens	Dayton 9	Ohio
	RES. ADD. Pease Ave., West Carrollton		Ohio
3. Miss Betty Hollis	BUS. ADD. Arlington Annex	Arlington	Va.
	RES. ADD. 1401-16th St., N. W.	Washington DC	
4. Mr. Harry Schwartz	BUS. ADD. N.Y. of Syracuse	Syracuse	N. Y.
	RES. ADD. NA		
5. Mr. Walter Bohm	BUS. ADD. Winter's National bank	Dayton	O.
	RES. ADD. 259 Greenmont Blvd.	Dayton 9	O.

**SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)**

	Street and Number	City	State
1. Mr. Ray E. McKeachie	BUS. ADD. San Rae Gardens	Dayton 9	Ohio
	RES. ADD. same		R. R. 11
2. Miss Sheila Dewey	BUS. ADD. NA		
	RES. ADD. Box 303	Spencer	N. Y.
3. Miss Marilyn Morris	BUS. ADD. NA		
	RES. ADD. 811 Abbott St.	HIGHLAND PARK	I.

**SEC. 21. FINANCIAL BACKGROUND**

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?... YES... IF NOT, STATE SOURCES OF OTHER INCOME...

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS  
West Carrollton Bank-West Carrollton, Ohio

Washington Loan and Trust Co., Washington, D. C.

(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? no  
 GIVE PARTICULARS, INCLUDING COURT:

## D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME Meredian Hill Hotel ADDRESS 2601-16th St., NW Washington DC  
(St. and Number) (City) (State)
2. NAME Krs. Blick ADDRESS 1401-16th St., NW Washington DC  
(St. and Number) (City) (State)
3. NAME Delta Gamma Sorority ADDRESS 901 Walnut Ave., Syracuse NY.  
(St. and Number) (City) (State)

## SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM <u>4-1-51</u>	TO <u>Present</u>	<u>1401-16th St., N.W. Washington, D.C., USA</u>
		<small>(St. and number) (City) (State) (Country)</small>
FROM <u>5-50</u>	TO <u>4-51</u>	<u>San Rae Gardens, Dayton 9, Ohio, USA</u>
		<small>(St. and number) (City) (State) (Country)</small>
FROM <u>2-50</u>	TO <u>5-50</u>	<u>2601-16th St., NW Washington, D.C., USA</u>
		<small>(St. and number) (City) (State) (Country)</small>
FROM <u>9-48</u>	TO <u>2-50</u>	<u>901 Walnut Ave., Syracuse, N. Y. USA</u>
		<small>(St. and number) (City) (State) (Country)</small>
FROM <u>9-46</u>	TO <u>9-48</u>	<u>two cottages of Syracuse Univ., Syracuse USA</u>
		<small>(St. and number) (City) (State) (Country)</small>
FROM <u>7-48</u>	TO <u>8-48</u>	<u>9 C.P. # 30 Guatemala City, Guatamala</u>
		<small>(St. and number) (City) (State) (Country)</small>
FROM time before this	TO <u>San Rae Gardens, Dayton 9, Ohio</u>	<u>USA</u>
		<small>(St. and number) (City) (State) (Country)</small>
FROM	TO	<u>(St. and Number) (City) (State) (Country)</u>

## SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM <u>7-46</u>	TO <u>---</u>	<u>Mexico City Mexico tourist</u>
		<small>(City or nation) (Country) (Purpose)</small>
FROM <u>7-48</u>	TO <u>8-48</u>	<u>Guatemala City Guatemala student</u>
		<small>(City or nation) (Country) (Purpose)</small>
FROM	TO	<u>(City or nation) (Country) (Purpose)</u>
FROM	TO	<u>(City or nation) (Country) (Purpose)</u>
FROM	TO	<u>(City or nation) (Country) (Purpose)</u>

## SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Delta Gamma - Rho 901 Walnut Ave., Syracuse, N. Y. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: 1947-50 active - 1950 to present inactive
2. Spanish Club Syracuse Univ., Syracuse, N. Y. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: 1947 - 8 - 9
3. Economics Club Syracuse Univ., Syracuse, N. Y. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: 1948 - 9 - 50
4. Westminster Presbyterian Church Dayton 9, Ohio USA
5. Brownies - Grade School West Carrollton, Ohio USA

10. Girl Scouts - High School - West Carrollton, Ohio USA  
 11. Homewood Co. - Westminster Presbyterian Church - Dayton 9, O. U. USA  
 12. Alumni Association of Syracuse Univ., Syracuse, N. Y. USA  
 13. International Relations Club, Syracuse Univ., Syracuse, N.Y. USA  
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1946-7-8-9

14. 2nd & 1st Cabinet - Chapel - Syracuse Univ., Syracuse, N.Y. USA  
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1948-9

15. National Forensic League - Oakwood High School, Dayton 9, O. USA  
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1945-6 active

16. Sigma Theta Phi - Dayton 9, Ohio USA high school sorority  
 (Name and Chapter) (St. and Number) (City) (State) (Country)

DATES OF MEMBERSHIP: 1945-6

#### SEC. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

NO

IF "YES," EXPLAIN:

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? YES IF SO, TO WHAT  
 an occasional drink at dinners and parties  
 EXTENT?

C. HAVE YOU EVER BEEN ARRESTED, IMPLICATED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE?

NO

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

NSA & DPA; Atomic Energy Commission; Council of  
 Economic Advisors; Board of Geographic Names

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Board of Geographic Names 4-1-51

**SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:**

NAME Samuel D. Zehring RELATIONSHIP father

ADDRESS	<u>San Rae Gardons, R. R. 11</u>	<u>Dayton 9, Ohio</u>	<u>USA</u>
(Street and Number)	(City)	(State)	(Country)

**SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.**

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

NO

**SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.**

SIGNED AT Washington, D.C. DATE May 25, 1951

*Betty L. Bellair* (Witness) *Charlotte L. Zehring* (Signature of witness)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

Sec. 11 - Mr. Jim Zehring, Sr. Uncle 61

USA 1210 Wilson Dr., Dayton, Ohio USA

Mechanical Engineer - Wright Air Field,

Dayton, Ohio

CONFIDENTIAL  
SECURITY APPROVAL

*file  
recd*

Date: 16 Oct. 1951

To: Chief, Covert Personnel Division

Your Reference: L2419

From: Chief, Security Division

Case Number: 56840

SUBJECT: ZEHRUNG, Charlotte Louise

1. This is to advise you of security action in the subject case as indicated below:
  - Security approval is granted the subject person for access to classified information.
  - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
  - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the ZOD procedures.

*fn. 2  
25 Oct 100  
Rec'd.  
10/18*



CONFIDENTIAL

1DT-73  
1DT-74

CONFIDENTIAL

INTEROFFICE MEMORANDUM

Date: 4 August 1951

TO: Chief, Covert Personnel Division  
FROM: Chief, Security Division  
SUBJECT: ZEHRUNG, Charlotte Louise 56840

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a.  Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: D Street Pool

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b.  Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c.  Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*Mr. Motifit  
CIA*



*CPM*

CONFIDENTIAL

DEPARTMENT  
OF  
INTERIOR

1-200

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF PERSONNEL - DIVISION AND MANAGEMENT  
WASHINGTON, D.C.

Re: Miss Charlotte L. Lehming  
Sea Bee Gardens, Room 11  
Dayton 9, Ohio

Date of Action

Journal

0000 0000 0000  
0000 0000 0000  
0000 0000 0000  
0000 0000 0000

## Permanent

OFFICE OF  
OTHER LEGAL AUTHORITY  
CG Certificate No.  
H-2580 dated 1/16/51  
C.S. Reg. 2.115

## Accommodation

## Regular

From	To	Local Residence
	Statistical Draftsman	Ohio
	GS-3, \$2650.00 per annum (08-1533-3-504)	Knox
	Office of the Secretary	N
	Division of Geography	VETERAN'S PRELLENCE
	Washington, D. C.	Y
	Departmental	No X
		LAST STATUS CHANGE OR APPOINTMENT
		From
		To
		Effective
		1/16/51

## NATURE OF POSITION

Vis.  Add. Identical \_\_\_\_\_Name: Martha E. Reid  
CG-1533-3-504  
Position: ClericalSALARIES  
SUBJECT TO AGREEMENTDate this Agreement Entered  
2/16/51ADMINISTRATIVE  
AUTHORITY FOR ACTION  
Recommendations Officers

Approved
Comments
Initials
Date
Signature
Date
Comments
Initials
Date
Signature
Date

## APPROVAL

G. I. - Martha E. Reid

This appointment is subject to a trial period of one year.

Subject to investigation.

Under this appointment you will be covered by the National  
Social Security System.

(SAC) THOMAS H. TELLIER

*Mathilda E. Hugger*  
Mathilda E. Hugger  
Chief, Administrative Branch  
Personal Officer  
Supervision, Classification  
Office of the Secretary

Appropriation Title: 1433960/01 Working Fund, Interior, Board on  
Resettlement, Budgetary, 1951.

JUSTIFICATION: (Indicate relation to external reason for the action recommended)

Miss Lehming has been selected for appointment from Civil  
Service Certificate Registry.Her Civil Service papers, medical certificate, and Form 75  
for pre-employment loyalty check are attached.

Attachment(s).

Social Security No. 069-24-3138

BUREAU NOTIFICATION COPY

STANDARD FORM 50 (7 FATT)  
UNITED STATES  
CIVIL SERVICE COMMISSION  
OCTOBER 1948

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
OFFICE OF THE SECRETARY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Miss Charlotte L. Rohrung	3/18/29		
This is to notify you of the following action affecting your employment:			
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
(To except Excepted Appo. Separation with Central Intelligence Agency)	8/26/61		
FROM	TO		
statistical Draftsman (GS-1853-3-503)	8. POSITION TITLE		
GS-3, \$2650.00 per annum	9. SERVICE, GRADE, SALARY		
Office of the Secretary Division of Geography Research Branch	10. ORGANIZATIONAL DESIGNATIONS		
Washington, D. C.	11. HEADQUARTERS		
<input type="checkbox"/> FIELD	<input checked="" type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

13. REMARKS

Any leave remaining to your credit will be transferred.  
Separated without reemployment rights.

Charlotte L. Rohrung, Personnel Officer  
Signature or other authentication

15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION			
NON-VET	VET	12 POINT	WAV	GEN	OTHER
DATA	DATA	DATA	DATA	DATA	DATA
X					
17. GEX	18. APPROPRIATION	1423923.003 Working Fund, Interior, Office of the Secretary, 1962	20. SUBJECT TO C.S. & RETIREMENT ACT (YES—NO)	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE
RATE					

4. PERSONNEL FOLDER COPY

Give this card to the  
APPOINTMENT CLERK  
Name:  
PNB OUTPATIENT CLINIC  
4th and G Streets SW,  
Tel. 6120 Ext. 8228  
(or 6268 116)

223718

1. FIRST	Charlotte	MIDDLE	L.	SURNAME	Zehrung
POSITION TITLE					
2. Statistical Draftsman					

3. DATE OF BIRTH 1/29/29 HAS AN APPOINTMENT ON 1/29/48 AT 10:00 A.M.

AT THE SERVICE CHECKED BELOW.

4. <input type="checkbox"/> PHOTOFLUOROGRAM	5. <input type="checkbox"/> OB-GYN	12. <input type="checkbox"/> RADIOLGY	16. <input type="checkbox"/> NUTRITION
6. <input type="checkbox"/> MEDICAL EXAMINATION	7. <input type="checkbox"/> PHYS. MED.	13. <input type="checkbox"/> ENDO-VASC.	17. <input type="checkbox"/> MENTAL HEALTH
8. <input type="checkbox"/> LABORATORY	10. <input type="checkbox"/> SURGICAL	14. <input type="checkbox"/> DENTAL	18. <input type="checkbox"/> DERMATOLOGY
9. <input type="checkbox"/> MEDICAL	11. <input type="checkbox"/> PEDIATRIC	15. <input type="checkbox"/> ERNST	
19. <input type="checkbox"/> OTHER (Specify) _____			

20. CLINIC REGISTRATION NO. 21. NAME OF DOCTOR

STANDBY FOR APPROVAL  
FEB 1 1948  
F. D. M. CHARLES MI

MEDICAL APPOINTMENT AND REPORT

2 16 7 0

STANDARD FORM 61 (REVISED APRIL 1960)  
PROMULGATED BY CIVIL SERVICE COMMISSION  
CHAPTER 18 FEDERAL PERSONNEL MANUAL

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

...intended..... Office of Secretary..... Washington, D.C.....  
 (Department or agency) (Organ or division) (Place of employment)  
 Geography

I, Charles L. Zehnay, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. 52, dated February, 1950, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

Charles L. Zehnay  
 (Signature of Appointee)

Subscribed and sworn before me this 21 day of April, A. D. 1951

at Washington D.C.  
 (City) (State)

[SEAL]

act of June 26, 1943  
See. 206  
Edsel S. Covell  
Clark, Division of Geography

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

16-65140-1

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

1421 16th St., N.W. - Washington D.C.

2. (A) DATE OF BIRTH

1/12/29

(B) PLACE OF BIRTH (city or town and State or country)

Dayton, O. U.S.A.

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY

Samuel D. Zehring

(B) RELATIONSHIP

Father

(C) STREET AND NUMBER, CITY AND STATE

100 Lee Gardens, R.R. II, WA 5831  
Exterior

(D) TELEPHONE NO.

WA 5831

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION- SHIP	MAR- RIED (Check one)	SINGLE (Check one)
		1.....			
		2.....			
		3.....			
		4.....			
		5.....			
		6.....			
		7.....			
		8.....			
		9.....			
		10.....			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X"  
IN PROPER COLUMN

YES

NO

### 10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

ITEM NO. WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

X

6. ARE YOU AN OFFICIAL, OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

X

If your answer is "Yes", give details in Item 10.

X

7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY PAYING ACT OR ANY PLACEMENT OR OTHER CONTRACT, WHETHER MILITARY OR NAVAL?

X

If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary retirement or separation after 3 years service, amount of retirement pay, and under what retirement act, and rating, if retired from military or naval service.

X

8. HAVE YOU WITH DISGRACE OR DISHONOR RESIGNED, FOR MISCONDUCT OR UNSATISFACTION IN SERVICE FROM ANY POSITION?

X

If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.

X

9. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CONVICTED OF A FEDERAL, STATE, OR LOCAL CRIMINAL OR VIOLATION? IF YES, EVER BEEN ORDERED TO EJECT, HALL OR GUILTY PLEAD IN THE COURTS OF ANY LAW POLICE REGULATION CRIMINAL OR VIOLATION (EXCLUDING MUNICIPAL VIOLATIONS FOR WHICH THE DEFENDANT'S NAME WAS NOT POSED).

X

If your answer is "Yes", list all such cases under Item 10. Give in each case, (1) the date, (2) the nature of the offense or violation; (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed your fingerprints will be taken.

X

### INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointment to be made is in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, stability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) Identity of appointee -- The appointee's signature and handwriting are to be compared with the signature in the other pertinent papers. The physical description may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) Age -- If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be authorized.

(3) Citizenship -- The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) Appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until evidence has been secured from the certifying office of the Civil Service Commission.

(4) Members of Family -- Section 9 of the Civil Service Act provides that where there are already two or more members of a family serving under permanent or permanent appointment in the competitive service, no other member of such family is eligible for probation or permanent appointment in the competitive service. If two or more members of permanent or permanent appointment are not subject to this requirement, the members-family provision does not apply to temporary or contractual. An agent acting may be referred to the appropriate office of the Civil Service Commission for decision.



UNITED STATES GOVERNMENT OF THE INTERIOR  
DIVISION OF PERSONNEL SUPERVISION AND MANAGEMENT  
WASHINGTON, D.C.

Date of Action

Journal

Re: Miss Charlotte L. Kehrung  
San Rae Gardens, R.R. 11  
Dayton 9, Ohio

## Permanent

CIVIL SERVICE CIVIL SERVICE  
Other Legal Authority  
CS Certificate No.  
H-2580 dated 1/16/51  
C.S. Reg. 2.115

## Appropriation:

## Regular

Date of Birth	Local Residence
1/12/29	Ohio

## Sex:

Male

W

## VETERAN'S PREFERENCE

Yes  No   
LAST STATUS CHANGE  
OR APPOINTMENT

From

To

Effective

1/16/51

New Rating

## NATURE OF POSITION

Yes  Add. Identical

Name Martha E. Reid

GS-1533-3-504

Reclassification New

## Other Change

## SUBJECT TO RETIREMENT

Yes  No 

DATE THIS ACTION INITIATED

2/14/51

## ADMINISTRATIVE AUTHORITY FOR ACTION

Recommending Officers

Keller

Baldwin

Burrill

## Personnel Officer

## Organization Service

3/15

Recruitment Activities

Training

Compensation

Leave

Pensions

Health Benefits

Other

Personnel Policies

Personnel Standard

Personnel Security

Personnel Selection

Personnel Training

Personnel Welfare

Personnel Workload

<b>STANDARD FORM 63 FEDERAL GOVERNMENT USE ONLY August 14, 1947, by Civil Service Commission (Chapter 12, Title 5, U.S.C.)</b>		<b>REQUEST FOR LOYALTY DATA ON APPLICANTS AND APPOINTEES</b>																																																								
		<b>THIS FORM TO BE USED ONLY FOR APPLICANTS AND APPOINTEES WHICH RECORD CHECKS AND INQUIRIES ARE CONDUCTED BY CIVIL SERVICE COMMISSION (PART 1—EXECUTIVE ORDER 9073)</b>																																																								
		<b>CASE SERIAL NO. (CIVIL SERVICE ONLY)</b>																																																								
<b>TO:</b> The following information is furnished for identification purposes on the person named below. Kindly furnish a report on any loyalty information contained in your file. (The fingerprints of this person are attached.) 																																																										
<b>1. FULL NAME (Initials and abbreviations of full name are not acceptable).</b>  <input type="text"/> Zehring		<b>(Given name)</b>  <input type="text"/> Charlotte	<b>(Middle or other name)</b>  <input type="text"/> Louise																																																							
<b>2. ALIASES AND NICKNAMES</b>  <input type="text"/> Sherri		<b>3. DATE OF THIS REQUEST</b>  <input type="text"/> 2/14/51																																																								
<b>4. SPECIAL NUMBERS KNOWN TO REQUESTING AGENCY (FBI number or FBI file number, passport number, Army or Navy serial number, woman's certificate of identification, alias registration number, Social Security number, etc. Specify which)</b>  <input type="text"/> Social Security No. 069-24-3138																																																										
<b>5. PLACE OF BIRTH</b>  <input type="text"/> Dayton, Ohio		<b>6. DATE OF BIRTH</b>  <input type="text"/> Jan. 12, 1929	<b>7. TITLE OF POSITION</b>  <input type="text"/> Statistical Draftsman SENS (Division of Geography)																																																							
<b>8. SEX</b> <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	<b>9. MARITAL STATUS</b> <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<b>10. IF MARRIED, GIVE SPOUSE'S FULL NAME, AND DATE AND PLACE OF BIRTH</b>  <input type="text"/> None																																																								
<b>11. DATE OF APPOINTMENT</b>  <input type="text"/> APRIL	<b>12. TYPE OF APPOINTMENT</b> <input checked="" type="checkbox"/> EXEMPTED <input type="checkbox"/> NOT EXEMPTED (Give Civil Service or other legal authority)	<input type="text"/> NO. 2015																																																								
<b>13. ORGANIZATIONS WITH WHICH AFFILIATED, OTHER THAN RELIGIOUS OR POLITICAL ORGANIZATIONS OR THOSE WHICH SHOW RELIGIOUS OR POLITICAL AFFILIATIONS</b>  <input type="text"/> Delta Gamma Sorority																																																										
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UNITED STATES CIVIL SERVICE COMMISSION DIRECTOR FOURTH U. S. CIVIL SERVICE REGION TEMPORARY BUILDING "B" 3RD & JEFFERSON DRIVE, S. E. WASHINGTON, D. C. <b>PREAPPOINTMENT LOYALTY CHECK</b> <b>PRELIMINARY REPORT OF CLEARANCE ON INITIAL CHECKS</b>		OFFICE OF PERSONNEL  1. CASE SPECIAL NUMBER 4-51-F-1000 S-100  2. DATE OF PRE-REPORT 3/14/51  3. PROPOSED POSITION     <b>PERSONAL</b>  <b>AND</b>  <b>CONFIDENTIAL</b>	4. CASE SPECIAL NUMBER 4-51-F-1000 S-100  5. DATE OF BIRTH 4/7/1-  6. COMPETITIVE  7. EXCEPTED  8. DATE OF BIRTH 1/12/29
Personnel Officer Office of the Sec'y Dept. of the Interior Wash. 25, D.C.			
<b>Statistical Draftsmen, Port. of Int. Off. of Sec'y, 22</b>			
<p>Preappointment loyalty check has been made on the above applicant for a 'sensitive' position, pursuant to Chapter 82 of the Federal Personnel Manual. This check revealed no derogatory information regarding this person's loyalty.</p> <p>No further papers are required if the proposed action is the appointment of a person employed by another agency and you have determined from the losing agency that the appointee or incumbent check has been completed.</p> <p>For any other type of appointment action, please submit to this office within three working days after the appointee enters on duty (1) application, (2) file covering any investigation or inquiry conducted by your agency on a preappointment basis, and (3) Standard Form 87 (fingerprint chart) unless fingerprint search has already been made as shown by item 9A below.</p>			
<p>9A. FINGERPRINT SEARCH HAS BEEN COMPLETED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK.</p> <p><input checked="" type="checkbox"/> 9B. FINGERPRINTS WERE NOT SUBMITTED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK.</p> <p><input checked="" type="checkbox"/> 9C. FINGERPRINTS WERE UNCLASSIFIABLE. YOU MAY EITHER (1) MAKE THE APPOINTMENT AT ONCE AND SEND REPRINTS WITH THE OTHER REQUIRED PAPERS, OR (2) WITHHOLD APPOINTMENT AND SUBMIT REPORTS SEPARATELY FOR COMPLETION OF FINGERPRINT SEARCH BEFORE YOU DECIDE WHETHER TO APPOINT.</p> <p>UNCLASSIFIABLE FINGERPRINTS <input type="checkbox"/> ARE ATTACHED.  <input type="checkbox"/> WILL BE FORWARDED ON RECEIPT FROM OUR CENTRAL OFFICE.</p>			
<p>Please use the copy of this notice for your transmittal or reply. Space has been provided on the back for your convenience. A reply is required, even though it may not be necessary to transmit forms in this case.</p> <p><i>M. McElroy</i>          REGIONAL DIRECTOR</p>			

<b>TO: DIRECTOR, U. S. CIVIL SERVICE REGION</b>		
1. Forms attached as requested. Proposed personnel action effected <u>April 9, 1951</u>		
2. Forms not submitted because proposed personnel action dropped from consideration.		
3. Forms not submitted because this is an appointment without break in service of a person who was employed by another agency and it has been determined from the Official Personnel Folder of the losing agency that the appointee or incumbent check has been completed.		
4. Reprints on Standard Form 87 attached. Decision regarding appointment will not be made until the results of the FBI fingerprint search have been received.		
<b>REMARKS:</b> <i>Forms 57 and 87 attached.</i>		
DATE <u>April 9, 1951</u>	SIGNATURE OF APPOINTING OFFICER <u>(S.G.S.) R. L. SMITH</u>	OFFICIAL TITLE <u>Personnel Officer, Office of the Secretary, Dept. of Interior.</u>

<b>OPTIONAL FORM NO. 8</b> DECEMBER 1957 CIVIL SERVICE COMMISSION (SUPERSEDES CSC FORM 102)		<b>AGENCY AND ADDRESS (BLOCKS ONE, TWO, AND THREE)</b> Miss Mathilda C. Heuser Chief, Administrative Branch Division of Geography Dept. of the Interior Washington 25, D.C.																	
<b>INQUIRY AS TO AVAILABILITY</b>		Return this form to →																	
Miss Charlotte L. Zehrung San Rae Gardens, RR11 Dayton 9, Ohio  (Please correct address if different from above)		<table border="1"> <tr> <td>DATE</td> <td>CERTIFICATE</td> </tr> <tr> <td>Jan. 30, 1951</td> <td>H-2580</td> </tr> <tr> <td>POSITION</td> <td>SALARY</td> </tr> <tr> <td>Statistical Draftsman, G-3</td> <td>\$2650 p.a.</td> </tr> <tr> <td>LOCATION</td> <td></td> </tr> <tr> <td colspan="2">Washington, D. C.</td> </tr> <tr> <td colspan="2">TYPE OF APPOINTMENT: Indefinite</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> PROBATIONAL  <input type="checkbox"/> TEMPORARY POS         </td> </tr> </table>		DATE	CERTIFICATE	Jan. 30, 1951	H-2580	POSITION	SALARY	Statistical Draftsman, G-3	\$2650 p.a.	LOCATION		Washington, D. C.		TYPE OF APPOINTMENT: Indefinite		<input type="checkbox"/> PROBATIONAL <input type="checkbox"/> TEMPORARY POS	
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<p>This office is considering you among others for the employment described. Please fill out the "Availability Statement" below, indicating whether you would accept this position if offered, and return the entire sheet to this office. Appointment would be subject to the Civil Service requirements described on the back of this letter. Whether you are available or not, please reply within ..... 3 ..... days in order that one of those who are available may be selected as promptly as possible to fill the vacancy.</p> <p>Failure to reply to this inquiry will result in the removal of your name from the register of eligibles until such time as you request restoration and furnish the information asked for in the statement below.</p> <p><b>THIS IS A LETTER OF INQUIRY AND NOT AN OFFER OF EMPLOYMENT.</b> If selected, you will be notified and given further instructions.</p> <p>Other information:</p>																			
<p style="text-align: right;">Sincerely yours,</p> <p><i>Mathilda C. Heuser</i>          Chief, Admin. Branch</p>																			
<p align="center"><b>AVAILABILITY STATEMENT</b></p> <p>(Check one) <input checked="" type="checkbox"/> I am available and wish to be considered for the position described above. I can report for duty within 10 days after notification. I am now employed by <i>San Rae Gardens</i> at <i>Dayton 9, Ohio</i>. <i>1/26/11</i></p> <p><input type="checkbox"/> I do not wish to be considered for the position described above. I am giving my reasons on the other side of this form.</p> <p><input type="checkbox"/> I request that my name be removed from the active list of eligibles until I report that I am available for appointment.</p> <p><input checked="" type="checkbox"/> Consider me available for other appointments, subject to the following conditions:          The position must pay at least \$...2,650... per ..... (year, month, day, or hour).          I am willing to work: <input checked="" type="checkbox"/> In Washington, D. C.; <input type="checkbox"/> Anywhere in the U. S.; <input type="checkbox"/> Outside the U. S.          I will accept appointment in the following locations only: .....</p> <p>I will accept short-term appointment for: <input type="checkbox"/> 1 to 3 months; <input type="checkbox"/> 3 to 6 months; <input checked="" type="checkbox"/> 6 to 12 months.</p> <p><i>Feb - 2-1951</i> <i>Charlotte L. Zehrung</i>          (Date) <i>(Signature)</i></p>																			

STANDARD FORM 78  
JULY 1948  
FEDERAL PERSONNEL  
MANUAL CHAPTER XI

UNITED STATES CIVIL SERVICE COMMISSION  
CERTIFICATE OF MEDICAL EXAMINATION

(Applicant must supply information below to heavy line)  
(Type write, or Print in Ink)

1. MR. MRS. MISS	(FIRST NAME) <b>Charlotte</b>	(MIDDLE INITIAL) <b>L.</b>	(LAST) <b>Zehrung</b>	2. DATE OF BIRTH <b>July 18, 1889</b>	3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
4. ADDRESS <b>511 W. 14th St., Dayton 3, Ohio</b>				5. TITLE OF POSITION <b>Statistical Draftsman</b>	
6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED <b>Office of the Secretary Interior - Division of Geography</b>				7. LOCATION <b>Washington, D. C.</b>	
8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:					
9. DO YOU HAVE ANY PHYSICAL DEFECT OR DISABILITY WHATSOEVER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE DETAILS:					

(a) DOES THE VETERANS ADMINISTRATION RECOGNIZE SERVICE-CONNECTED DISABILITY IN YOUR CASE?  YES  NO  
(c) HAVE YOU EVER RECEIVED DISABILITY RETIREMENT FROM THE U. S. CIVIL SERVICE COMMISSION?  YES  NO

Sign your name in INK as it appears on your application in the presence of the physician for purpose of identification. *Charlotte L. Zehrung*

DOCTOR: All questions on both sides of this certificate and on the lower half of the attached Health Qualification Placement Record must be answered. Before beginning the examination refer to items 9 and 10 on the Health Qualification Placement Record so that you will have knowledge of the physical requirements of the position to which the applicant is to be appointed. Sign both this certificate and the Health Qualification Placement Record.

1. HEIGHT: 6 FEET 8 INCHES WEIGHT 120 POUNDS

2. EYES: 20 20

(a) DISTANT VISION (SNELLEN): WITHOUT GLASSES: RIGHT 20 LEFT 20 WITH GLASSES, IF WORN: RIGHT 20 LEFT 20

(b) WHAT IS THE LONGEST AND SHORTEST DISTANCE AT WHICH THE FOLLOWING SPECIMEN OF JAEGER NO. 2 TYPE CAN BE READ BY THE APPLICANT? TEST EACH EYE SEPARATELY.

Employee in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 20 and June 18, 1924 (Executive Order, September 6, 1924).

WITHOUT GLASSES:

R. 21 IN. TO 25 IN.

WITH GLASSES, IF USED:

R. 21 IN. TO 28 IN.

L. 21 IN. TO 25 IN.

L. 21 IN. TO 28 IN.

(c) EVIDENCE OF DISEASE OR INJURY: RIGHT RIGHT LEFT LEFT

(d) COLOR VISION: IN COLOR VISION NORMAL WHEN ISHIHARA OR OTHER COLOR PLATE TEST IS USED?  YES  NO

IF NOT, CAN APPLICANT PASS LANTERN, YARN OR OTHER COMPARABLE TEST?  YES  NO

2. EARS. (CONSIDER DENOMINATORS INDICATED HERE AS NORMAL. RECORD AS NUMERATORS THE GREATEST DISTANCE HEARD.) ORDINARY CONVERSATION:

RIGHT EAR 20 FT. LEFT EAR 20 FT. EVIDENCE OF DISEASE OR INJURY: RIGHT EAR 20 FT. LEFT EAR 20 FT.

4. NOSE	5. PARA NASAL SINUS	6. MOUTH AND THROAT
<i>Nasal</i>	<i>nasal</i>	<i>Mouth</i>
7. GASTRO-INTESTINAL	(a) HISTORY OF PEPTIC ULCER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES" IS ULCER: <input type="checkbox"/> ACTIVE <input type="checkbox"/> QUIESCENT <input type="checkbox"/> HEALED HOW LONG? _____ DATE OF LAST X-RAY _____ SYMPTOMS PRESENT, IF ANY (Severity, frequency, etc.): TREATMENT (List space under "Remarks" if needed):	

8. METACRIC DISORDERS (INDICATE ANY ABNORMALITY OF THE FOLLOWING GLANDS BY A CHECK IN THE APPROPRIATE BOX, AND EXPLAIN UNDER "REMARKS".)

THYROID

PANCREAS

PITUITARY

OVARIAN

9. HEART AND BLOOD VESSELS		(A) BLOOD PRESSURE: MM. HG SYSTOLIC <u>122</u> DIASTOLIC <u>72</u>
(B) IS ORGANIC HEART DISEASE PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(C) IF ORGANIC HEART DISEASE IS PRESENT, IS IT FULLY COMPENSATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
(D) PULSE RATE SITTING <u>68</u> IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED) TWO MINUTES AFTER EXERCISE <u>65</u> CARDIAC RESERVE <u>good</u>		(E) (GOOD, FAIR, OR POOR)
10. LUNGS: RIGHT <u>normal</u> LEFT <u>normal</u>		
HISTORY OF TUBERCULOSIS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," HOW LONG HAS THE DISEASE BEEN ARRESTED?		
IF THERE IS HISTORY OF TUBERCULOSIS, IS ANY TYPE OF COLLAPSE THERAPY BEING RECEIVED AT PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE FULL DETAILS UNDER "REMARKS." IS MEDICAL SUPERVISION NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF X-RAY IS MADE, GIVE REPORT UNDER "REMARKS.")		
11. HERNIA: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," NAME VARIETY: INGUINAL, VENTRAL, FEMORAL, POST-OPERATIVE, ETC. IF PRESENT, IS IT SUPPORTED BY A WELL-FITTING TRUSS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. VARICOSE VEINS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE LOCATION AND DEGREE		
13. FEET: IS FLAT FOOT PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE DEGREE OF IMPAIRMENT OF FUNCTION (NONE, SLIGHT, MODERATE, SEVERE)		
14. DEFORMITIES, ATROPHIES, AND OTHER ABNORMALITIES, DISEASE NOT INCLUDED ABOVE <u>None</u>		
15. SCARS OF SERIOUS INJURY OR DISEASE <u>None</u>		
16. NERVOUS SYSTEM: (A) INCLUDE SYMPTOMS AND FULL HISTORY OF ANY MENTAL, NERVOUS, OR EMOTIONAL ABNORMALITY (USE ADDITIONAL SHEETS IF NECESSARY) <u>None</u> (B) HAS APPLICANT EVER BEEN HOSPITALIZED OR TREATED FOR A MENTAL ILLNESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) WHERE (NAME AND LOCATION OF HOSPITAL):  (D) DATE OR DATES OF HOSPITALIZATION:  (E) DESCRIBE ANY RESIDUALS OF PREVIOUS MENTAL OR NERVOUS ILLNESS:  (F) ANY HISTORY OF EPILEPSY OR FAINTING SPELLS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF SO, GIVE DETAILS UNDER "REMARKS" BELOW 17. EVIDENCE OF HISTORY OF VON RECKLINGHAUSEN'S DISEASE. IF BLOOD SEROLOGY OR OTHER LABORATORY EXAMINATIONS ARE MADE, GIVE DETAILS UNDER "REMARKS." <u>None</u>		
18. URINALYSIS (IF INDICATED): SP. GR. <u>1.00</u> ALBUMEN <u>none</u> SUGAR <u>none</u> CASTS <u>none</u> BLOOD <u>none</u> PUS <u>none</u>		
I HAVE FOUND THE APPLICANT ABNORMAL UNDER THE FOLLOWING HEADINGS:		
REMARKS: <i>Good physical condition. Normal state of health.</i>		
19. SIGNATURE OF PHYSICIAN OR EXAMINER <i>Albert F. Kuhl</i>	NAME TYPED OR PRINTED Albert F. Kuhl, M.D.	DATE 2/8/51
20. ADDRESS OF EXAMINING PHYSICIAN (Type or printed) 916 Harries Bldg. Dayton 2, Ohio	21. DO YOU HAVE FEDERAL DESIGNATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, SPECIFY	
	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
	<input type="checkbox"/> FEE BASIS	

## HEALTH QUALIFICATION PLACEMENT RECORD

(This section is comparable to Standard Form 90 promulgated March 1948 by Bureau of the Budget Circular A-24)

1. MR. MRS. MISS	(FIRST NAME) <b>Charlotte</b>	(MIDDLE INITIAL) <b>S.</b>	(LAST) <b>Gutierrez</b>	2. DATE OF BIRTH <b>January 12, 1929</b>	3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
4. ADDRESS <b>521 N.W. 11th Street, Dayton 5, Ohio</b>				5. TITLE OF POSITION <b>Statistical Draftsman</b>	
6. DEPARTMENT OR BUREAU IN WHICH YOU ARE AT PRESENT EMPLOYED <b>Office of the Secretary Interior - Division of Geography</b>				7. LOCATION <b>Washington, D. C.</b>	
8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "NO," GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:					

### TO BE COMPLETED BY APPOINTING OFFICER: Sections 9 and 10

#### (A) BRIEF OUTLINE OF WHAT WORKER DOES

For the physician's use, set down in brief and simple terms what the employee does on the job, including environmental details such as stairs to climb, distance to rest-room facilities, cafeteria, work-shift, etc. (Use Section 9 below.)

#### (B) PHYSICAL DEMANDS OF THE POSITION

In Section 10 below encircle the number of those factors which are essential to the duties of the position for which this applicant is being considered. The blank spaces may be used for special factors not listed.

9. TITLE OF POSITION AND OUTLINE OF WHAT WORKER DOES IN THIS POSITION (Add one or more descriptive occupational titles as guides, as applicable)

**Statistical Draftsman** - To assist in the performance of drafting, lettering and incidental statistical clerical work in the preparation and revision of index maps, showing the location of approved and disapproved names and the extent of features to which names apply; charts, graphs and other illustrative materials in connection with the functions of the Research Branch and for administrative purposes.

### TO BE COMPLETED BY EXAMINING PHYSICIAN: Sections 10, 11, 12, 13, 14, and 15

**INSTRUCTIONS:** The items circled below indicate the physical requirements of the position for which this individual is being considered. Indicate the individual's physical capacities for this position by placing an X in the appropriate column opposite the numbers encircled. If the individual has any other physical limitations

relating to physical requirements not covered by this form, indicate these under "Remarks" on the reverse side. Whenever PARTIAL capacity has been indicated, explain under "Remarks," giving specific quantities.

	PHYSICAL REQUIREMENTS			ENVIRONMENTAL FACTORS			
	CAPACITY	FULL	PARTIAL	NONE	CAPACITY	FULL	PARTIAL
1. CUTTING				18. WORKING AROUND MACHINERY WITH MOVING PARTS			
2. OUTSIDE AND INSIDE				19. DRIVING CARS OR VEHICLES			
3. EXCESSIVE HEAT				20. WORKING ON LADDERS OR SCAFFOLDING			
4. EXCESSIVE COLD				21. WORKING BELOW GROUND			
5. EXCESSIVE HUMIDITY				22. UNUSUAL FATIGUE FACTORS (Specify)			
6. EXCESSIVE DAMPNESS OR CHILLING							
7. DRY ATMOSPHERIC CONDITIONS				23. WORKING WITH HANDS IN WATER			
8. EXCESSIVE NOISE, INTERMITTENT				24. EXPLOSIVES			
9. CONSTANT NOISE				25. VIBRATION			
10. DUST				26. WORKING CLOSELY WITH OTHERS			
11. SOLVENTS, ASPIRATORS, ETC.				27. WORK ALONE			
12. FUMES, SMOKE, OR GASES				28. PROTRACTED OR IRREGULAR HOURS OF WORK			
13. SOLVENTS (Dissolving agents)				29. SPECIAL FACTORS (Specify)			
14. GREASES AND OILS							
15. RADIANT ENERGY							
16. ELECTRICAL ENERGY							
17. SUPPORT OR LAYING ON HARD SURFACES							

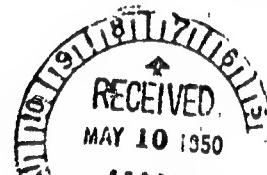
STANDARD FORM 57-NOV. 1947 U. S. CIVIL SERVICE COMMISSION		APLICATION FOR FEDERAL EMPLOYMENT	
<p><b>INSTRUCTIONS:</b> In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the adjoining card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office <b>any other forms required by the announcement.</b> Notify the office with which you file this application of any change in your address.</p>			
<b>APPLICATION NO.</b>  <b>U 180</b>  <b>ANNOUNCEMENT</b>  <b>306603</b>	<b>NAME OF EXAMINER OR KIND OF POSITION APPLIED FOR</b> <i>Statistical Draughtsman</i> <small>(OPTIONAL) (As mentioned in examination announcement)</small>		
	<b>PLACE OF EMPLOYMENT APPLIED FOR (City and State)</b> <i>Washington, D.C.</i>		<b>DATE OF THIS APPLICATION</b> <i>Feb. 16, 1950</i>
<small>1. (a) (First name) (Middle) (Last)</small> <i>MISS Charlotte Louise Tschung</i>		<small>NOTATIONS:</small> <small>APP. REVIEW.</small>	
<small>2. (a) STREET AND NUMBER OR R.D. NUMBER</small> <i>San Tee Gardens BIRU</i>		<small>DO NOT WRITE IN THIS BLOCK</small> <small>For Use of Civil Service Commission Only</small>	
<small>3. (a) CITY OR POST OFFICE (including postal zone) AND STATE</small> <i>Dayton, Ohio</i>		<small>APPROVED:</small> <i>G. E. T.</i>	
<small>4. (a) LEGAL OR BUSINESS NAME (if different) (b) OFFICE PHONE (c) HOME PHONE</small> <i>Ohio</i>		<small>OPTION</small> <small>GRADE</small> <small>EARNEED RATING</small> <small>PREFERENCE</small> <small>AUGM. RATING</small> <i>G-1533</i> <i>3</i> <i>97</i> <input type="checkbox"/> POINTS (STANJ) <i>"</i> <i>2</i> <i>94</i> <input type="checkbox"/> WIFE OR WIDOW <i>"</i> <i>1</i> <i>92</i> <input type="checkbox"/> DISAB. <i>"</i> <i>0</i> <i>90</i> <input type="checkbox"/> BEING INVESTIGATED	
<small>5. (a) DATE OF BIRTH (month, day, year)</small> <i>January 12, 1929</i>		<small>6. (a) MARRIED, (b) SINGLE</small> <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE	
<small>7. PLACE OF BIRTH (city and State; if born outside U.S., name city and country)</small> <i>Dayton, Ohio</i>		<small>7. (a) HEIGHT WITHOUT SHOES</small> <i>5 FEET 8 INCHES</i>	
<small>8. (a) WEIGHT</small> <i>132 POUNDS</i>		<small>8. (a) INITIALS AND DATE</small> <i>5-18-50</i>	
<small>10. (a) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? (b) YES (c) NO</small> <small>(b) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE</small>		<small>11. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:</small> <input checked="" type="checkbox"/> IN WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN THE UNITED STATES <input type="checkbox"/> OUTSIDE THE UNITED STATES <small>(d) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS</small>	
<small>12. (a) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ 750 PER YEAR.            You will not be considered for any position with a lower entrance salary.</small>		<small>13. (a) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT, IF OFFERED, FOR  <input type="checkbox"/> 1 TO 3 MONTHS    <input type="checkbox"/> 3 TO 6 MONTHS    <input type="checkbox"/> 6 TO 12 MONTHS</small>	
<small>NOTE: Acceptance of refusal of a temporary short-term appointment will not affect your opportunity to obtain a probationary appointment.</small>			
<small>(c) IF YOU ARE WILLING TO TRAVEL, SPECIFY  <input type="checkbox"/> OCCASIONALLY    <input type="checkbox"/> FREQUENTLY    <input type="checkbox"/> CONSTANTLY</small>		<small>14. EXPERIENCE. It is important for you to furnish all information requested below in sufficient detail so that the Civil Service Commission and the appointing officers of agencies can give you full credit in determining your qualifications. Use a separate sheet for each position. State with your present position and work back, explaining clearly the principal tasks which were performed in such position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and where you spent it which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.</small>	
<small>15. (a) FROM (b) TO PRESENT TIME</small>		<small>16. (a) CLASSIFICATION GRADE (if in Federal Service) (b) SALARY OR EARNINGS, STARTING, \$ PRESENT, \$ PER PER</small>	
<small>PLACE OF EMPLOYMENT (city and State)</small>		<small>NAME AND TITLE OF IMMEDIATE SUPERVISOR</small>	
<small>NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)</small>		<small>KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of tools, etc.)</small>	
<small>NUMBER AND KIND OF EMPLOYER'S PROPERTY HELD BY YOU</small>		<small>REASON FOR DESIRED TO CHANGE EMPLOYMENT</small>	
<small>DESCRIPTION OF YOUR WORK</small>			

(CONTINUED ON NEXT PAGE)

SF-6020-2

(2) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ FINAL \$	PER PER
FROM: June '48	TO: Sept '49	Clock			
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
Dayton, Ohio - Son Rae Gerdens		Owner, Roy F. McKechnie			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale mill, insurance agency, manufacturer of tools, etc.)			
Roy F. McKechnie		Gift shop			
Son Rae Gerdens - Dayton, O.					
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
none		return to school			
DESCRIPTION OF YOUR WORK					
clerked in store in charge of books					
(3) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ FINAL \$	PER PER
FROM: June '47	TO: Sept '47				
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
Dayton, Ohio - Frigidaire		NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale mill, insurance agency, manufacturer of tools, etc.)			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)					
Frigidaire - Dayton, O.		manufacture of Frigidaires			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
none		return to school			
DESCRIPTION OF YOUR WORK					
worked on assembly line worked in office of chemical laboratory					
(4) DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS: STARTING \$ FINAL \$	PER PER
FROM:	TO:				
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		NAME OF BUSINESS OR ORGANIZATION (e.g., wholesale mill, insurance agency, manufacturer of tools, etc.)			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
DESCRIPTION OF YOUR WORK					

100023, MAY 11 1950



2601-16<sup>th</sup> St., N.W.  
Washington, D.C.  
May 9, 1950.

U.S. Civil Service Commission  
Washington, D.C.

Dear Sir:

I send in material for the  
unpublished years for a Statistical  
Draftsmen, the announcement  
number of which is 130.

I have moved since the  
date I sent in my paper. Would  
you please make the necessary  
changes so I will receive  
material at my new address as my  
old address is.

My old address was:

J. F. 101 2601 - 16<sup>th</sup> St., N.W.  
Washington, D.C.

My new address is:

J. F. San Rae Studios  
Dayton 4, Ohio R.R. #11

Thank you very much.

Sincerely,

Charlotte L. Zehring

UNITED STATES CIVIL SERVICE COMMISSION  
RATING SHEET—RATING PROCEDURE NO. III.  
(Handbook X-105)

NAME OF APPLICANT <i>Charlotte L. Fehring</i>		PREFERENCE <input type="checkbox"/> 3-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> NONE	APPLICATION NO.
POSITION TITLE <i>Statistical Drafter</i>		POSITION TITLE <i>do</i>	
ANNOUNCEMENT NO. <i>U-130</i>	QUALIFYING EXPERIENCE <i>GS-3</i>	ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE <i>GS-2</i>
BASIC RATING <i>85</i>	ADDITIONAL POINTS <i>2</i>	BASIC RATING <i>90</i>	ADDITIONAL POINTS <i>4</i>
EARNED RATING <i>87</i>	VETERANS' PREFERENCE	EARNED RATING <i>94</i>	VETERANS' PREFERENCE
FINAL RATING	EXAMINER <i>R.H.C.</i>	FINAL RATING <i>94</i>	EXAMINER <i>R.H.C.</i>
REVIEWER	DATE <i>5-18-50</i>	REVIEWER	DATE <i>5-18-50</i>
COMMENTS:			
POSITION TITLE		POSITION TITLE	
ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE GRADE	ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE GRADE
BASIC RATING	BASIC RATING	ADDITIONAL POINTS	
ADDITIONAL POINTS		EARNED RATING	
EARNED RATING		VETERANS' PREFERENCE	
VETERANS' PREFERENCE		FINAL RATING	
FINAL RATING	EXAMINER <i>R.H.C.</i>	EXAMINER <i>R.H.C.</i>	DATE <i>5-18-50</i>
REVIEWER	DATE <i>5-18-50</i>	REVIEWER	DATE <i>5-18-50</i>
COMMENTS:			

14 00000

Education to be Substituted  
for Experience

High School

2 years	Mechanical Drawing
2 years	Art
1½ years	Algebra
1 year	Geometry
½ year	Trigonometry

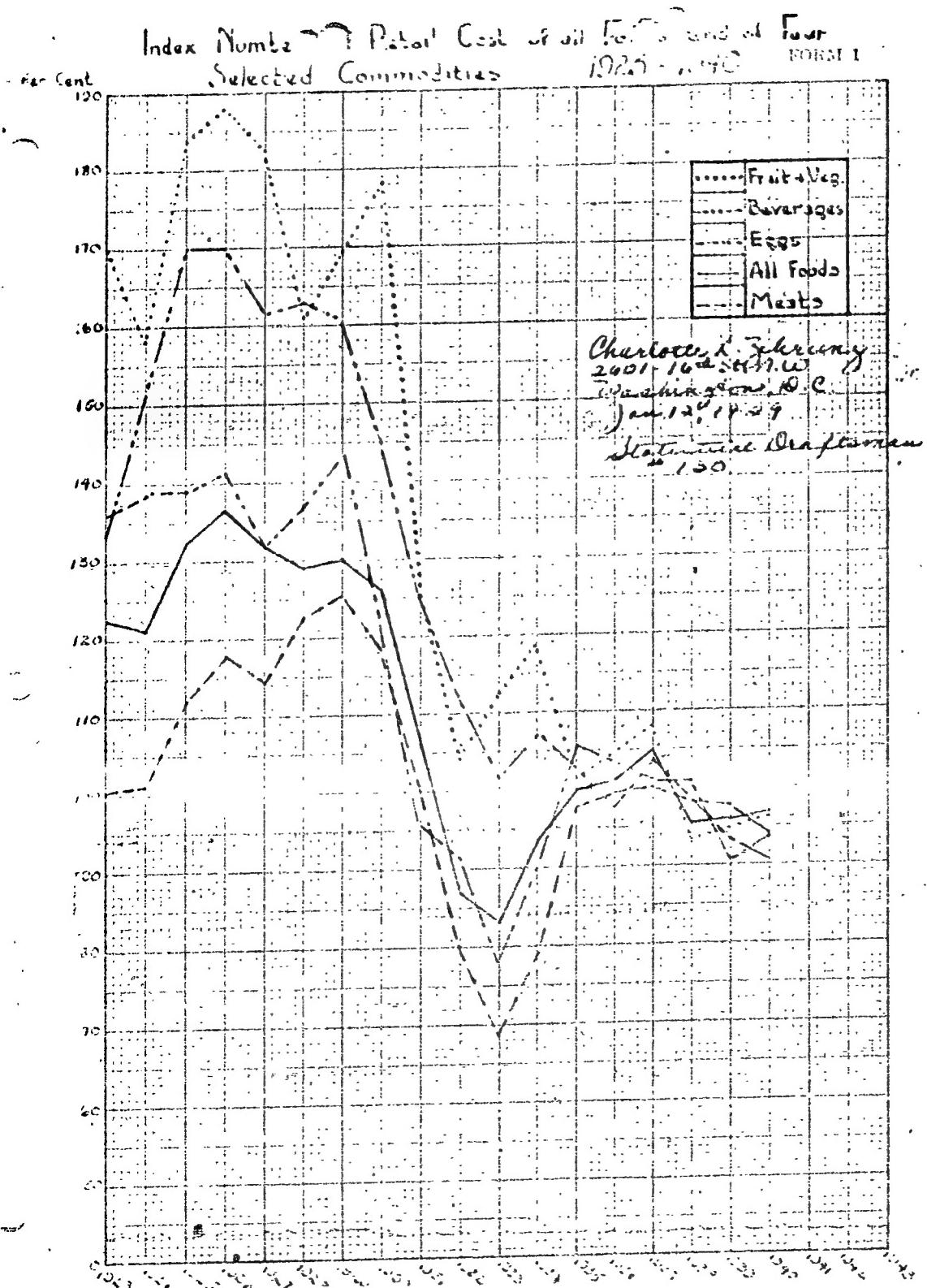
College

1 year	4 credits hrs. it. term Expression (3 hrs.)
1 year	6 credits hrs. Statistics 3 hrs./week. lectures 1½ hrs./week. laboratory

Form 12  
February 1946Form approved  
Budget Bureau Number 60-RUOUNITED STATES CIVIL SERVICE COMMISSION  
PROOF OF RESIDENCE

Application for appointment in the operational departmental service must be accompanied by a certificate showing legal or voting residence in the State or Territory claimed for at least one year next preceding the date of making application. Therefore, if you have ever been in the operational departmental service, the following questions must be answered, and the first and Officer's Certificate of Residence issued upon your application. Failure to submit this form, properly executed, with your application may result in loss of consideration for appointment in the operational service. Applicants who now hold permanent positions in the operational departmental service are not required to have the Officer's Certificate of Residence executed, and should write on it "Am in the operational service."

1. (Last name) (Middle) (Maiden, if any) (Last)		2. Name of examination	
Mr. Mrs. Miss Miss		Statistical Draftsman	
2. Street and number, or P. O. Box, N. D. number		(a) Option (b) cert.	
2601 16th St., N.W. - 725		3. Place and date of written examination (b) cert.	
Post office (including postal zone) and State		(a) In what county do you have— (b) Length of such residence in county	
Washington, D.C.		Legal residence Montgomery or Voting residence From Jan 19, 1946, to Feb 10, 1946 (Month) (Yr.) (Month) (Yr.)	
4. (a) In what State or Territory do you have— (b) Length of such residence in State or Territory		From Jan 19, 1946, to Feb 10, 1946 (Month) (Yr.) (Month) (Yr.)	
Legal residence Ohio or Voting residence From Jan 19, 1946, to Feb 10, 1946 (Month) (Yr.) (Month) (Yr.)		5. If during the past year you have not resided continuously in the State or Territory in which you claim legal or voting residence, or are not now actually living in such State or Territory, indicate in the following blanks the dates of absences, and locations and occupations during such absences:	
(a) Date left (Month, Year) (b) Date returned (Month, Year) (c) Location during absence (City and State)		(d) Occupations	
Sept. 1941 Dec. 1941 Jan. 1942		Student Typist, Bookkeeper	
6. If you are under 21 years of age, fill in the following blanks:			
(a) Legal residence of parent or guardian		(b) Length of such residence	
State _____ Is he a voter in that State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		From _____ 19 _____ to _____ 19 _____ (Month) (Yr.) (Month) (Yr.)	
County _____		City or town _____ County _____ State _____	
From _____ 19 _____ to _____ 19 _____ (Month) (Yr.) (Month) (Yr.)		7. If you are a married woman, fill in the following blanks:	
(a) Date of marriage		(b) Legal residence of husband	
Date _____ Is he a voter in that State? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		From _____ 19 _____ to _____ 19 _____ (Month) (Yr.) (Month) (Yr.)	
County _____		From _____ 19 _____ to _____ 19 _____ (Month) (Yr.) (Month) (Yr.)	
JURAT (OR OATH)			
<p>This Jurat (or oath) must be executed before a Notary Public, the Secretary of a United States Post Office, or an Agent, or other officer authorized to administer oaths for general purposes, before whom the applicant must appear in person.</p> <p>I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief.</p> <p>If female, prefix "Miss" or "Mrs." and if married, use your own given name, as "Mrs. Mary E. Doe"</p>			
<p>Signature of applicant <i>Charlotte L. Zehring</i></p> <p>When your name is unknown, give name of witness and address</p> <p>Notary Public Montgomery, D.C. Signature of Notary Public</p> <p>MY COMMISSION EXPIRES MARCH 31, 1946</p> <p>(Official title)</p>			
OFFICER'S CERTIFICATE OF RESIDENCE			
<p>Instructions.—If the applicant's claim is based on legal residence, the certificate must be executed by a Notary Public, county, municipal, or police court clerk, mayor, judge of the peace, or other officer in the county or city in which the applicant claims residence. If the claim is based on voting residence alone, it is certificate must be executed by the registrar of voters or other officer of the Board of Elections. In either case the officer must be an actual resident and officer in the city or county claimed by the applicant, and the certificate must bear his official seal, or, in that event, certificate of his official character by the proper officer under official seal.</p> <p>The applicant is not required to appear in person before the officer who executes this certificate, but the officer should satisfy himself from previous and competent evidence as to facts to which he certifies.</p> <p>I, <u>Charlotte L. Zehring</u>, of the county of <u>Montgomery</u>, and State (or Territory) of <u>Ohio</u>,  do hereby certify that <u>Charlotte L. Zehring</u>, the applicant who answers the above in connection with a civil service examination,  is now a <u>Legal</u> (check either "Legal," "Voting," or "Legal and Voting")  of <u>Ohio</u>, and has been such resident for <u>21</u> years <u>1</u> months next preceding the date hereof.  Dated at <u>West Carrollton</u>, county of <u>Montgomery</u>, and State (or Territory)  <u>Ohio</u>, <u>14th</u> day of <u>February</u> <u>1950</u>.</p>			
<p>[OFFICIAL SEAL]</p> <p><i>Clarence H. Bloods</i></p> <p>My commission expires July 19, 1952</p> <p>(Signature of Officer)</p> <p>The Official seal must not be omitted. If erasure or correction is made in the "Officer's Certificate," certification must be made on margin by the officer who executes the certificate, showing such correction.</p>			

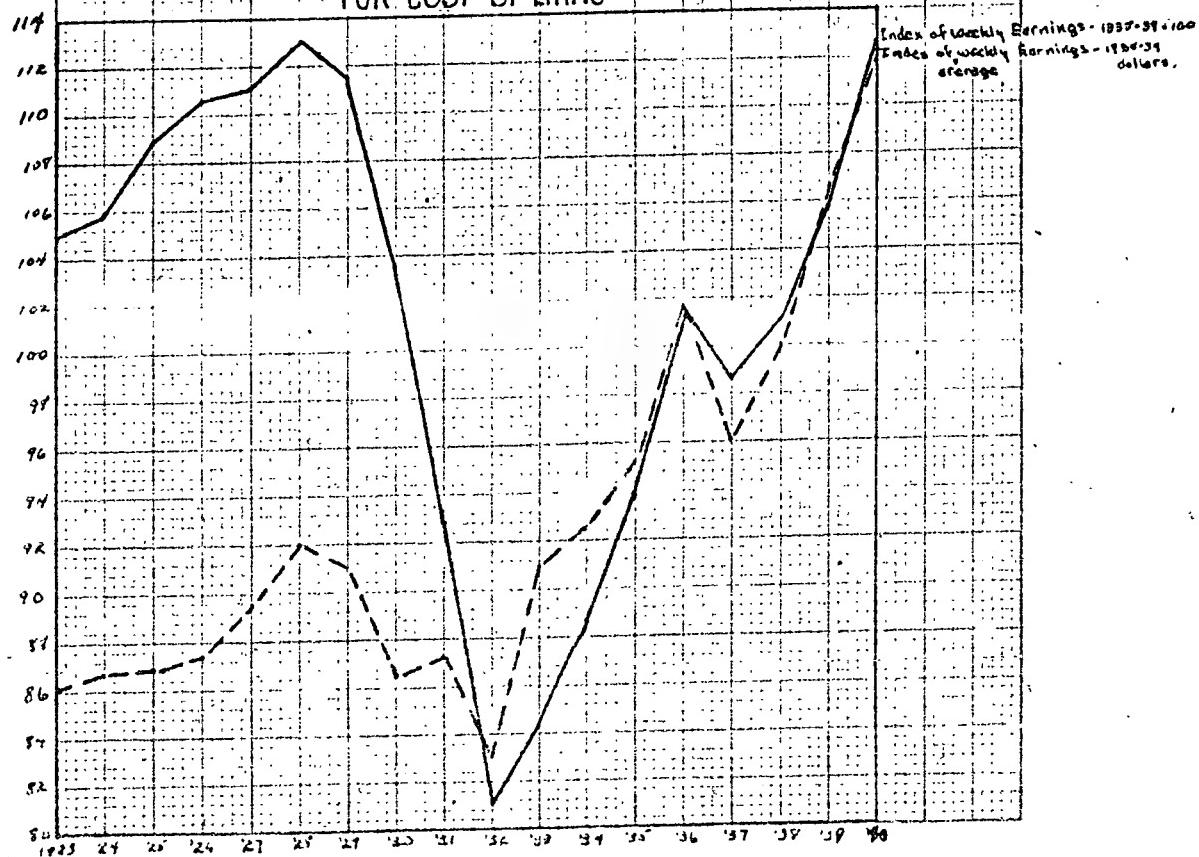


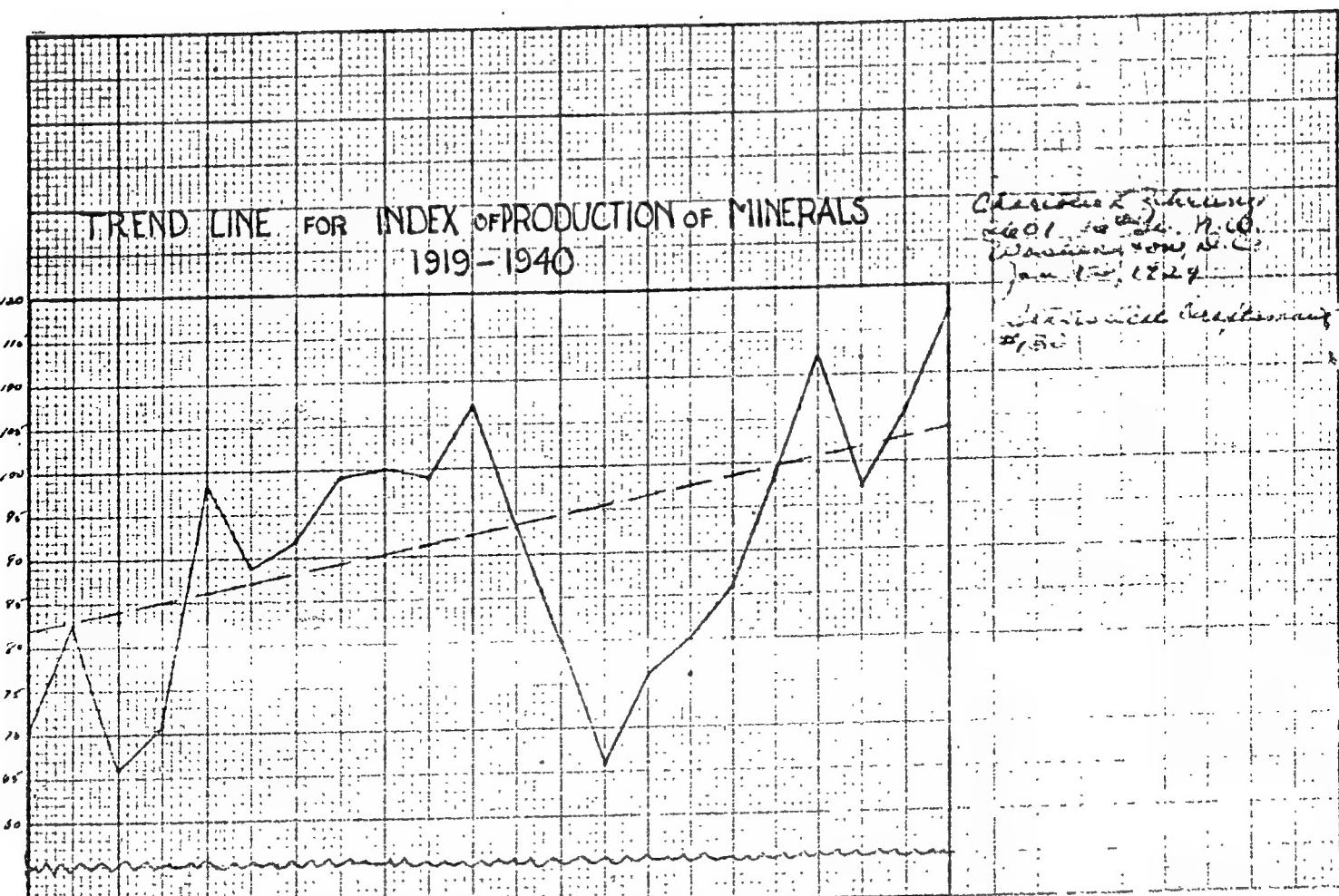
PERIOD 1

Charlotte L. Zeleny  
2601 16th St. N.W.  
Washington, D.C.  
Jan. 14, 1929

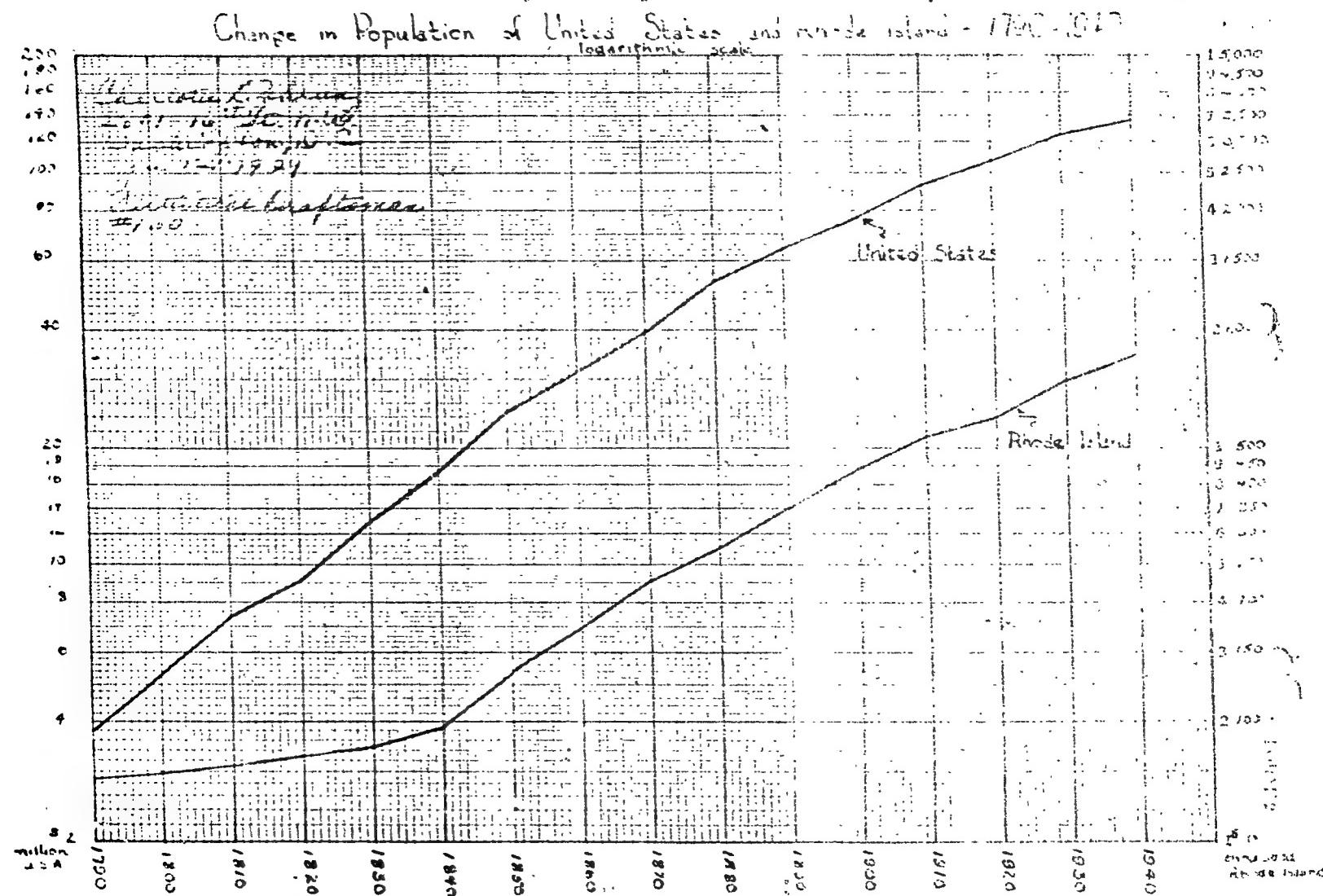
Statistical Department  
#130

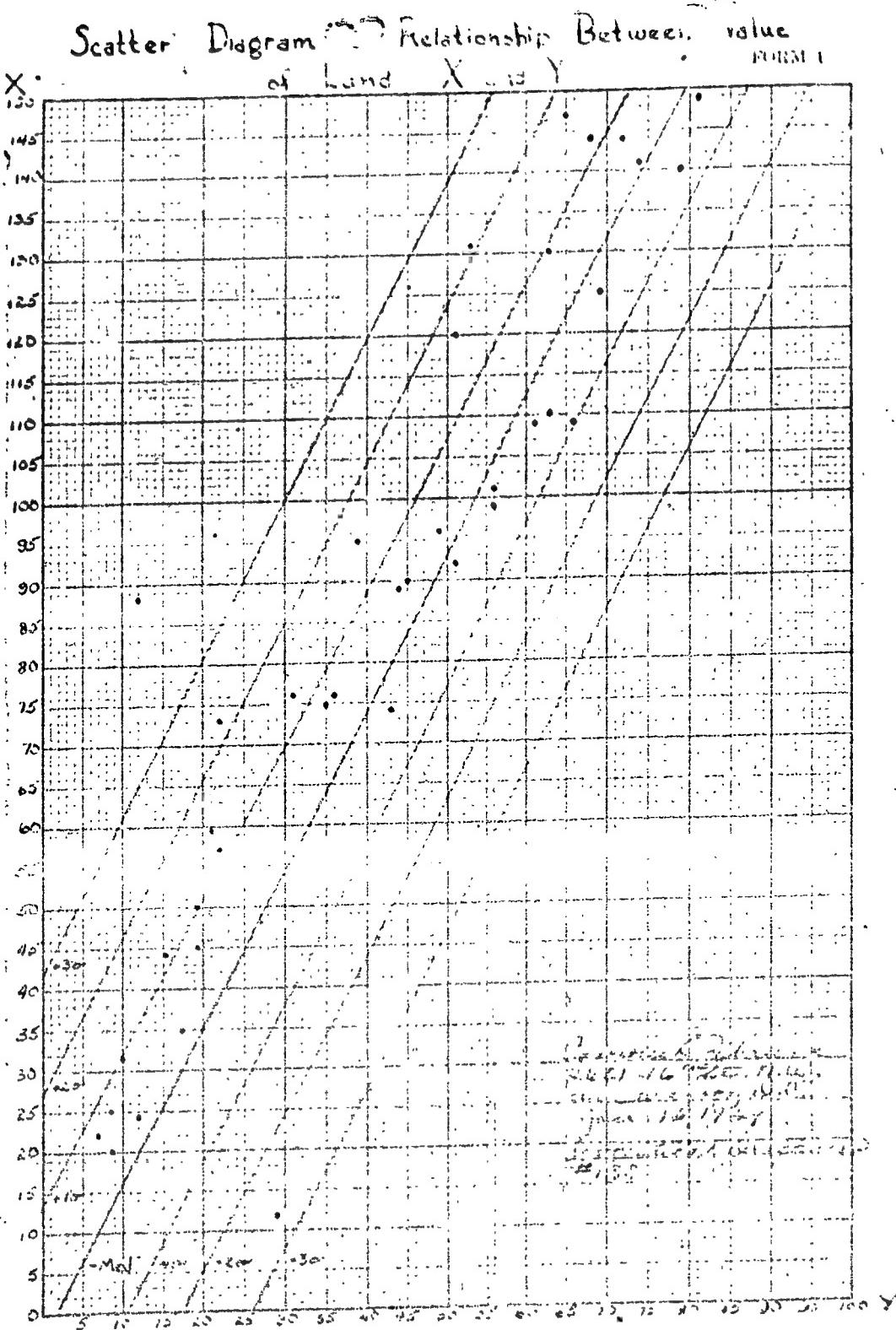
### INDEX OF WEEKLY EARNINGS BEFORE AND AFTER ADJUSTMENT FOR COST OF LIVING

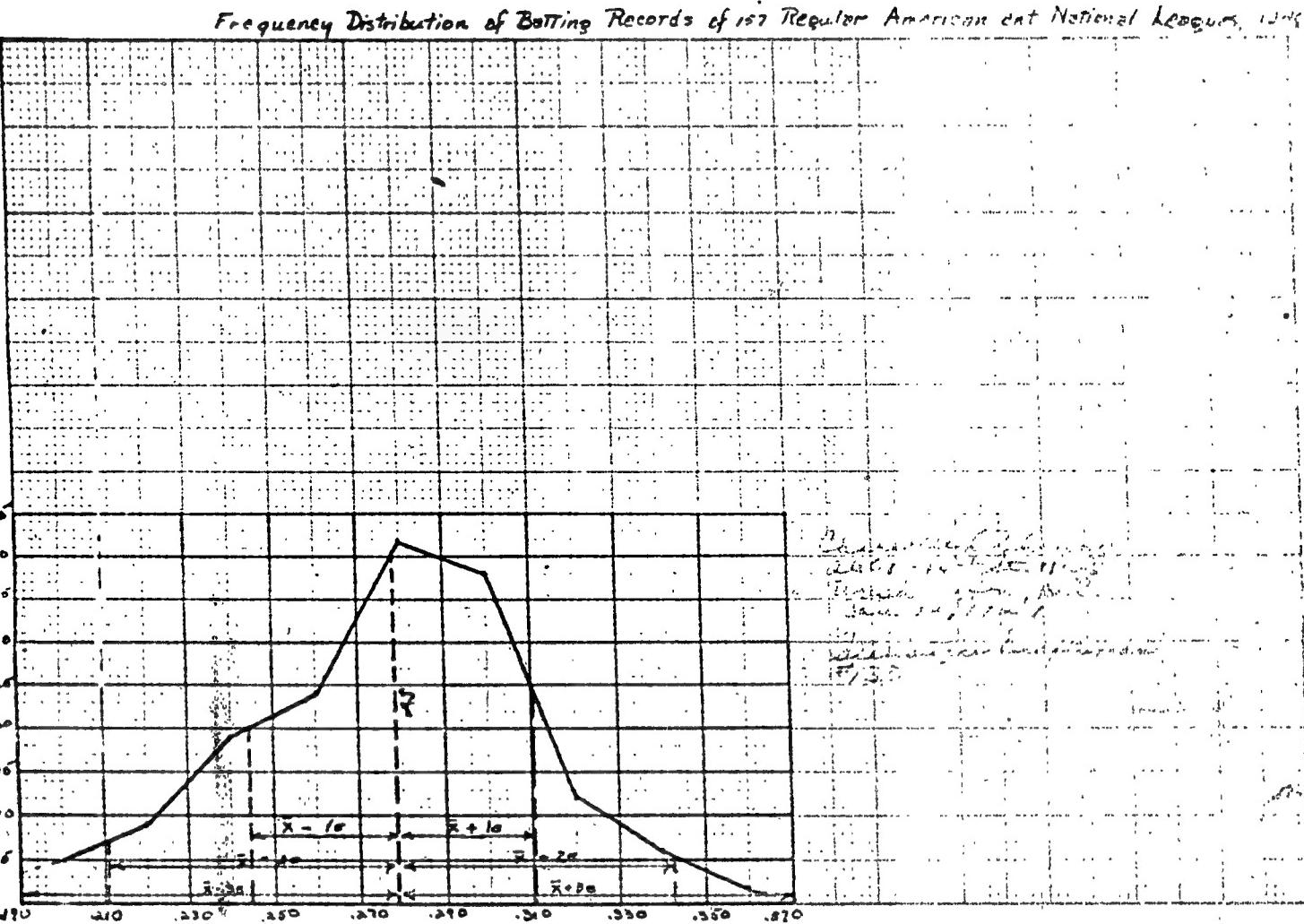




x = 6 mo.  
origin 1929-1930.

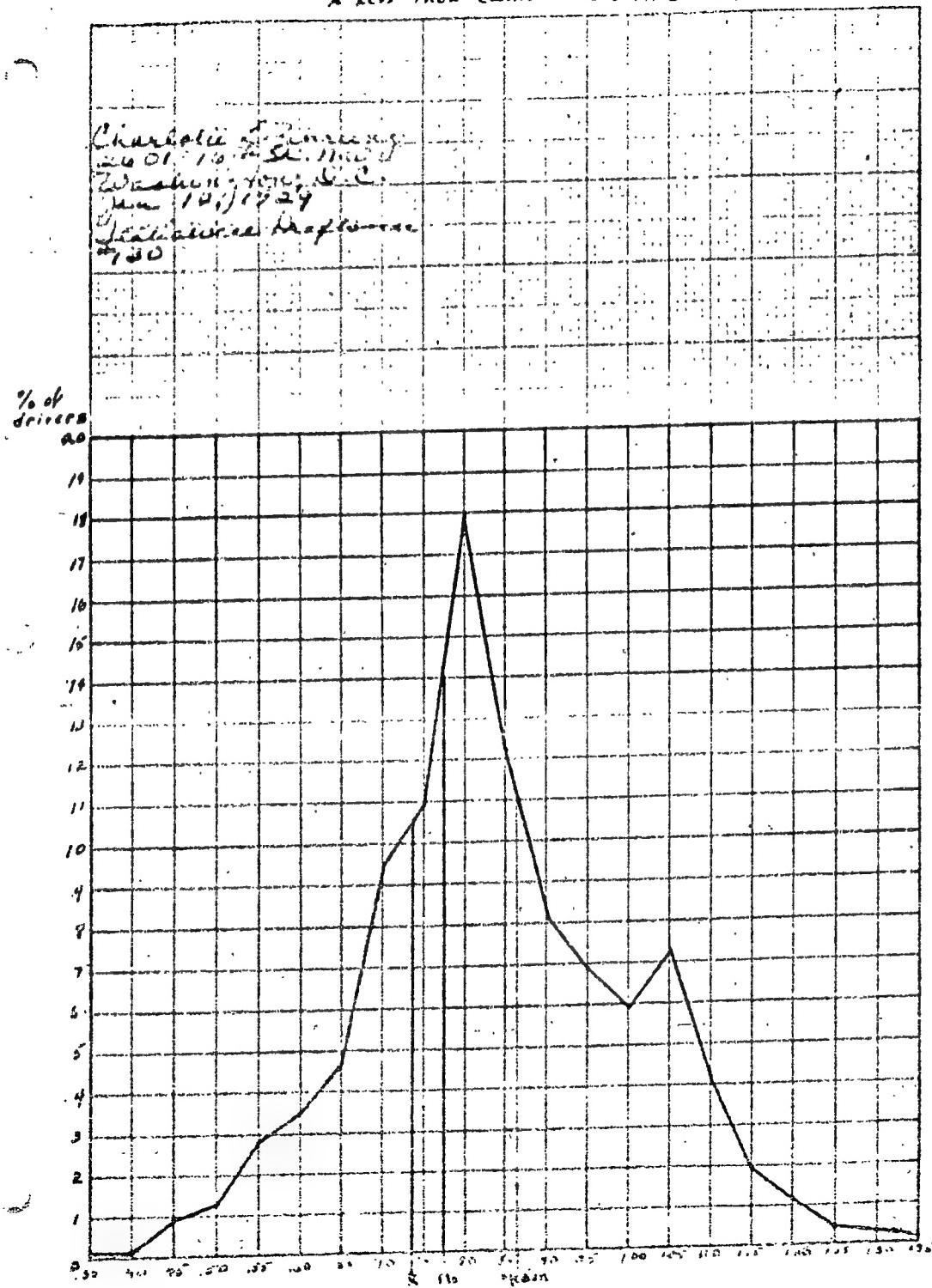




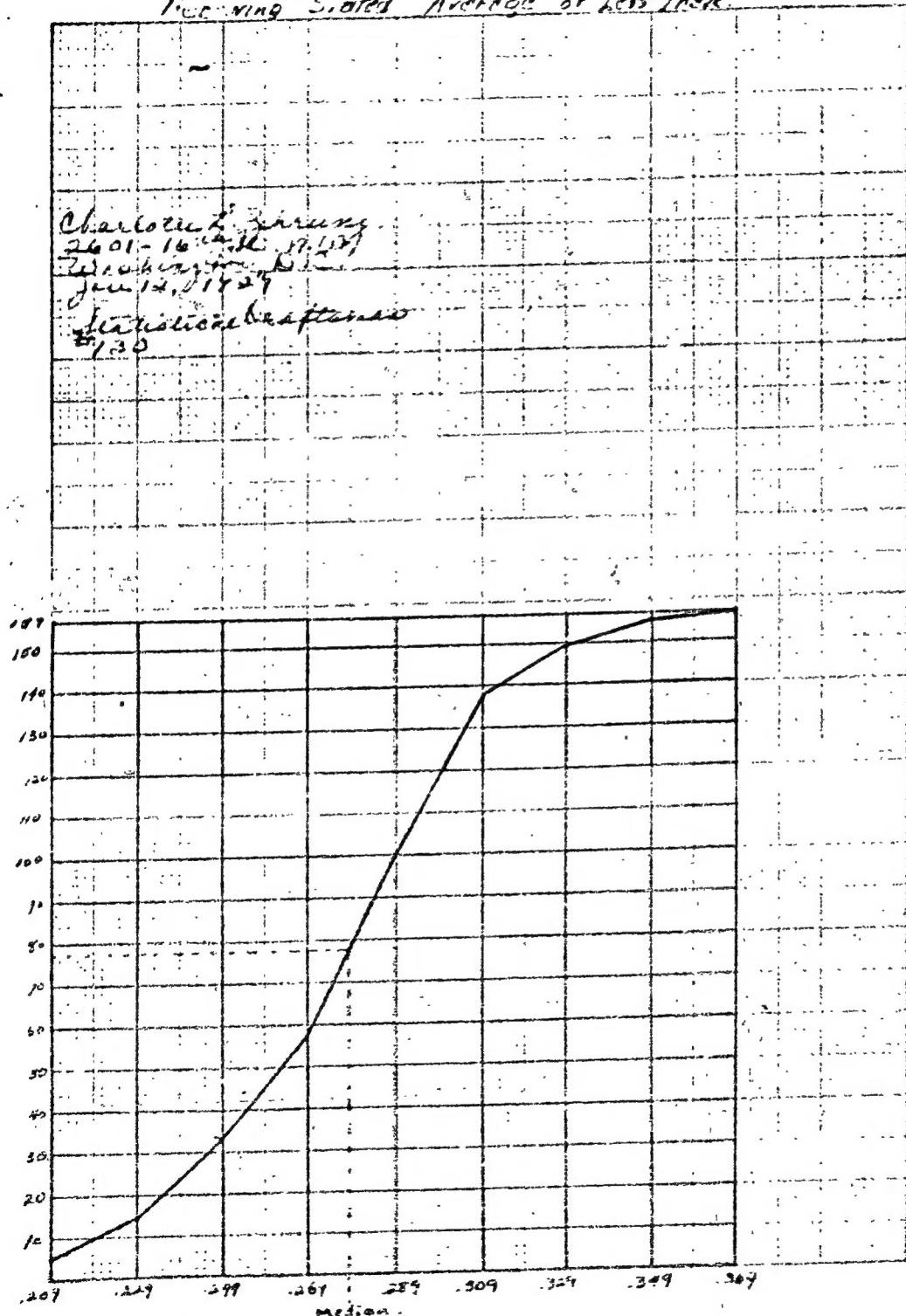


Cumulative Distribution of Hourly Rates of Wages of  
%'s of Union Motor Truck Drivers - June 1, 1940  
A less than Cumulative Distribution

ITEM 1



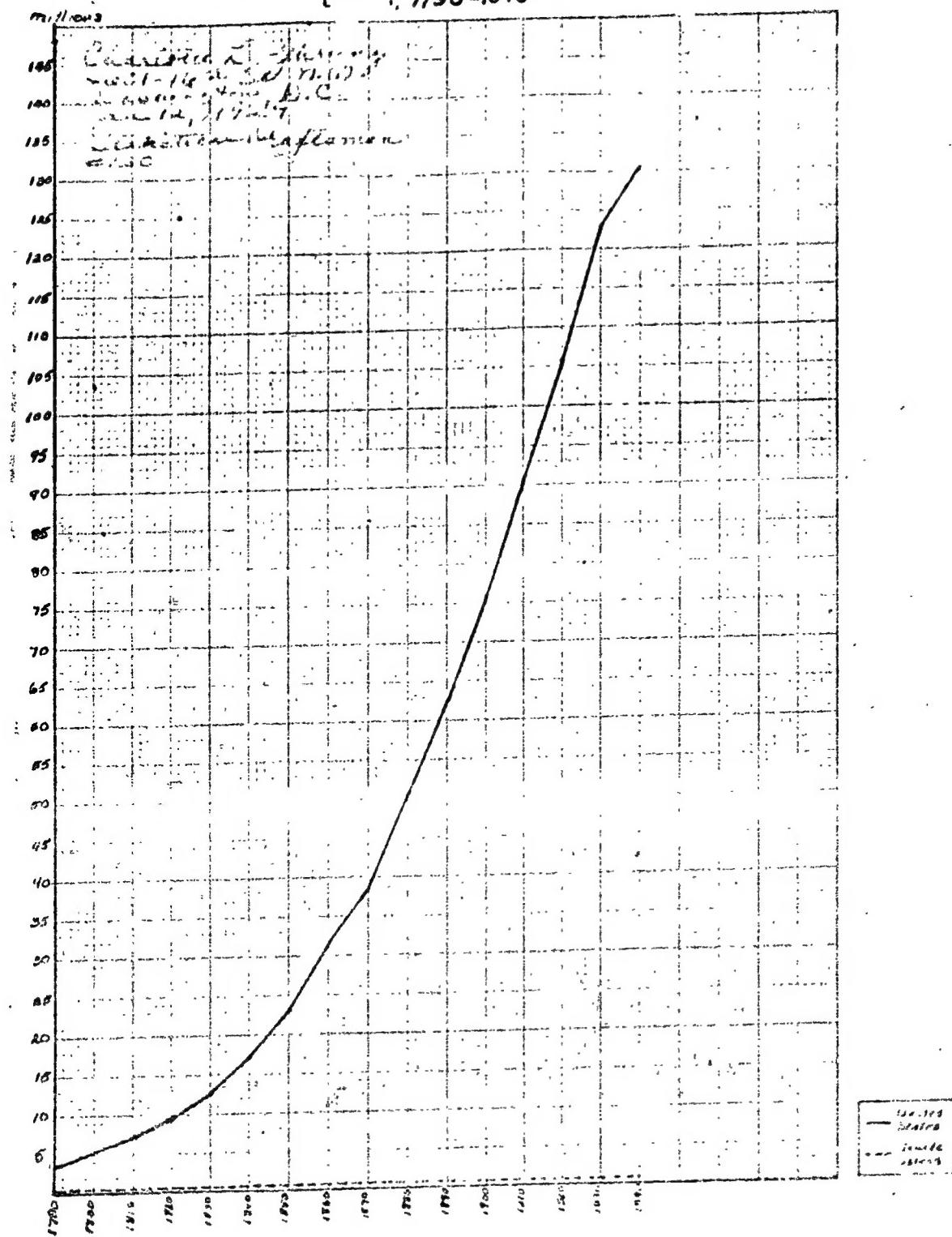
Cumulative Distribution of Batting Averages 1940  
of American and Men's Leagues - 151 Major League  
Players having .300 average or less than.



Population of Continental United States and Rhode Island  
1790-1940

FORM 1

millions





If you have a fax machine, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination results. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.  
**I CERTIFY** that the statements made by me in this application are true, complete, and correct to the best of my knowledge  
and belief, and are made in good faith.

**False statement on this application  
is punishable by Law (U. S. Code,  
Title 18, Section 1001).**

SIGNATURE OF APPLICANT Charles E. Johnson  
(Sign your name in INK (one given  
at application, and surname). If female,